Lectures
ON
CLINICAL MEDICINE.

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I.—ON CLINICAL INSTRUCTION.

GENTLEMEN,—After a lengthened series of studies you have now reached that culminating point in your professional education which consists in the art of detecting and treating internal diseases. The general principles of medical science are taught within the class rooms of the University. In the wards of an hospital your object should be to exercise your own senses and powers of observation—to combine the information so obtained with your previously acquired information, and thus learn how to relieve pain, cure maladies, and prolong life; in short, you should now endeavour, not only to derive information from others, but to communicate it to yourselves, and obtain that tact and experience which will enable you to act with vigour and judgment during the emergencies of practice. Your first attempts may be crude and imperfect; but repeated and persevering efforts will enable you to overcome all difficulties. The best system of clinical instruction, therefore, I hold to be that which gives every facility to the student for teaching himself.

Much has been said, and very properly said, on the subject of clinical instruction: great diversity of opinion and practice prevails regarding it. I propose making a few observations on this topic as an introduction to the present course. I would premise by saying that, well acquainted with the systems of teaching followed in London and Edinburgh, I have also studied and followed those which exist in France, Germany, and Italy. Moreover, as I have been actively engaged in teaching clinically for three-and-twenty years, you will at least give me the credit of believing that my views have not been adopted without consideration and some experience.

The best hospital arrangements for clinical teaching are those which exist in Italy. All the cases admitted are first placed in a receiving ward (depositorium), and immediately visited by the clinical professor or his assistant. From these he selects daily such as he thinks best fitted for clinical instruction. He has seldom above thirty beds himself, a number amply sufficient if he possess the right of choice. Thereby he is enabled to bring before his students examples of nervous, cardiac, pulmonary, renal, or other diseases, multiplying illustrative cases of each in his wards as he requires them. The result is that, when lecturing on phthisis or any other malady, he is enabled to direct the attention of his pupils to groups of cases presenting the various stages and complications which characterize it. He can thus demonstrate the physical signs and symptoms of the disease in all its forms; point out the numerous varieties it exhibits, and show the differences in treatment which are necessitated by varied circumstances. I need not say that the proper selection of cases for clinical instruction is a matter of great importance, because, if not sufficiently varied, the student cannot, in the limited time at his disposal, take a sufficiently extensive grasp of medical practice.*

In many schools, especially abroad, there are separate professorships of clinical medicine, whereas in others clinical teaching is carried on by the professors of other branches of medical education. Of the two systems I have no hesitation in preferring the latter. Those practical physicians who teach annually the theoretical and systematic branches of medicine ought to be those best qualified for giving instructions in an hospital, and this for the obvious reason, that they are obliged to keep on a level with the advancing knowledge of the day in at least one department of science. They may, it is true, bring different kinds of knowledge to bear on the subject, but that knowledge will be the best in its way, and the students will have the advantage of observing diseases treated by each in turn. This system has been found, on the whole, to answer well, although it must be admitted that periods of three months are too short for a clinical teacher and his pupils to work together in the course of a twelvemonth. On the other hand, a single professor is too apt to pass into a system of routine, to dwell only on his own peculiar views, and, not being required to teach any science, gradually to fall behind, and then lose sight of scientific advancement altogether. Now it is the union of science and art which stimulates both to reach their highest degree of perfection. The physician who teaches the former systematically in the University is the man who will correct and enlarge his theory in the wards of an hospital, and he who possesses a large practice and great experience will extend his resources by keeping himself *au courant* with the state of science, as is necessitated by his duties in the University. I believe that these are the reasons which have rendered the clinical school of medicine in Edinburgh so celebrated.

As to the methods of teaching, they essentially consist of two kinds. In one the professor gives lectures to the students suggested by the cases under treatment, to which are occasionally added, during his visits at the hospital, observations at the bedside. In the other the student is encouraged to talk to the teacher; to examine the case for himself, form his own diagnosis, and suggest a treatment. Both systems have their advantages and disadvantages.

An experienced teacher pointing out the difficulties and peculiarities of particular cases, and enriching the whole with the results of his own observations made in a large field of hospital and private practice, cannot but communicate to his hearers most useful information, that in after-years should prove of the utmost value to them. Unfortunately the students who hear such lectures are seldom prepared to benefit by them. The difficulties of the experienced, and the methods by which they are to be overcome, cannot be entered into by those who have no experience at all. Nay more: the very facts and language on which descriptions are based in the class-room are often unintelligible to the student. I remember myself listening to a most able lecture on the diagnosis of pleurisy, the whole of which depended on knowing whether friction sounds and certain modifications in the vocal resonance did or did not exist. But as I had no clear idea—indeed was profoundly ignorant—of what these sounds and vocal modifications were, I was not much the better for the information communicated to me. In this manner it too frequently happens that at the end of a series of clinical lectures, though the student has heard and seen much, he in truth knows very little, and has in fact all his real practical knowledge to acquire.

The other mode of clinical teaching I first became acquainted with in the wards of M. Rostan in Paris in 1837, and subsequently saw it carried to a high degree of perfection in the great Cliniques of Germany—especially under Schönlein, Wolf, and Barez, in the Charité Krankenhaus of Berlin. It consists in calling upon a student to examine the case before the class, in the presence of the teacher, according to a well-understood plan. At the termination of the examination he is asked to give his opinion or diagnosis as to its nature. Those who stand round, and who have followed all the steps of the examination, are also invited to give their opinion. This gives an opportunity to the teacher of pointing out the error of this view or the correctness of that, until a sound conclusion is arrived at. Then the student is asked to suggest a treatment. Again, suggestions on this point are solicited, and the one considered best is adopted by the physician for such and such reasons. Finally, the student is requested to prescribe, and taught how to do so correctly. In Germany, the examining pupil is further requested to write out the case, and to keep a record of it, which is subsequently corrected as an exercise by the professor. It must be apparent that in this manner a student will acquire a large amount of practical information. On the other hand, instruction entirely carried on in this manner deprives the student of much that is valuable, because there are many topics which obviously cannot be carefully considered at the bedside, and others which a sense of propriety should prevent being discussed in the patient's presence. In fatal cases, a most important part of clinical instruction consists in carefully examining the dead body, and from the appearances observed determining how far the diagnosis and treatment have been correct. This evidently cannot be carried on in the wards, and is practically useless to those who have not previously seen the case.

The system of instruction, therefore, I have carried out for the last sixteen years in this infirmary is one in which I

* The Medical Faculty of the University, in surrendering several years ago the same choice as is still possessed by the Italian clinical professors, were guilty of an injudicious liberality which has much weakened the efficiency of its hospital instruction.

endeavour to adopt the excellencies and avoid the defects of both systems. On Tuesdays and Fridays I lecture in the hospital theatre, in which I give a *résumé* of the facts of special cases; dwell on any difficulties of diagnosis or treatment that have presented themselves; refer to the experience of other physicians; discuss pathological doctrines; and, above all, exhibit the morbid parts of fatal cases, and connect the changes observed in the organs after death with the phenomena we have studied in the living. On Mondays, Wednesdays, and Thursdays I visit with you all the cases in the wards, and call upon such of you as wish to examine for yourselves to do so, according to the plan which you will find detailed in this little book, "An Introduction to the Study of Clinical Medicine." You will then try and form your own diagnosis, and propose a treatment. In doing this, numerous opportunities will present themselves which will enable me to give you practical instruction in percussion, auscultation, the use of the microscope, and of chemical tests at the bedside. You also will gradually learn how to put questions, and so conduct the inquiry as to arrive at an exact result with as little fatigue to the patient as possible. On Saturdays and Sundays only the more urgent cases will be visited.

Gentlemen, I am happy to say that this system has met with the highest approval from the large classes I have had the honour to instruct. In 1849, the gentlemen then attending informed me in this memorial that, "Being aware how every divergence from the regular medical routine is very generally regarded at first with suspicion, we feel it our duty to express the conviction that, in our experience, the system alluded to has operated most beneficially, and to hope that future students may enjoy its advantages." In 1850, a numerous class spontaneously presented me with this testimonial, in which they say—"We do not hesitate to inform you that we have learned more of practical medicine by your mode of teaching than by any other mode in use; and though objections have been raised against it, we feel certain that the records of these last few months will tend to remove them. The general decorum of the class at the bedside; the great interest exhibited in the cases; and last, though not least, the never-varying good attendance, all speak loudly in its favour, and will, we trust, encourage you in your zealous exertions to promote the science of medicine by the sound instruction of its youthful votaries in its theory and practice."

Encouraged by these marks of approval, I have continued my method of clinical instruction up to this time, generally devoting two hours to my practical teaching in the wards, and have never heard from pupil or patient the slightest objection. The latter indeed is uniformly contented, being wise enough to know, even by instinct, that a careful and minute examination of his case can only be productive of benefit to him. Strange to say, however, objections have recently been made from a quarter whence I least expected them; ridicule and misrepresentation have not been wanting to give point to the attack; and another system of clinical instruction has been brought forward, which is considered preferable to any other.

The chief objection is, that the examination of a patient before a large class and by an inexperienced student is cruel to the patient. "There could not, I think," says the objector, "be any procedure more shocking than propping up a poor creature suffering from disease of the lungs, and hammering his chest for the recognition of diagnostic sounds as an academic exercise." This passage, which I copy from the *Edinburgh Evening Courant* for Dec. 13th, 1863, may have a formidable appearance to the public who read it in the newspapers, but will certainly not prevent physicians and intelligent students from practising percussion in diseases of the chest. The reference to this class of diseases also is singularly unfortunate; for it is just in consequence of the exactitude with which we now arrive at a knowledge of them by the "shocking" process referred to that those, formerly so fatal, are now almost always subdued. The "hammering" of every case of acute pneumonia in my wards is followed by the rapid recovery of the patient. Even phthisis—that formerly hopeless disease—is now much disarmed of its terror. Besides in the system of teaching I am advocating, the professor is always present to check any unnecessary trouble or inconvenience that might be given to the patient, and in all acute cases, such as of fever or acute inflammations, no examinations not absolutely required are allowed.

The plan of clinical instruction which has been proposed as "preferable and as worthy of general adoption" is as follows—viz., "to bring the cases one by one into a room where the students are comfortably seated, and if the patients have not been seen previously by the surgeon so much the better. Then ascertain the seat and nature of their complaints, and point out the distinctive characters. Having done this so that every one present knows distinctly the case under consideration, the teacher, either in the presence or absence of the patient, according to circumstances, proceeds to explain the principles of treatment, with his reasons for choosing the method preferred, and, lastly, does what is requisite in the presence of his pupils."

Without denying, as before stated, that a large amount of instruction may thus be communicated, I still venture to doubt whether those who are taught in this way will ever be enabled to grapple with the realities of practice. I remember, when myself a surgical student in this infirmary, looking at the brilliant operations of Messrs. Liston, Syme, Lizars, and Fergusson. Legs and arms flew off with the rapidity of lightning, as if by magic; and what the bewildered student mainly occupied himself with was his watch, to determine in how many seconds the operation was completed. But as to performing such an operation himself, the thing was never thought of nor inquired into. Indeed, it is easy to understand how those who receive instruction in a practical art, sitting on the comfortable benches of a theatre,—who never visit the surgical wards or follow the progress of disease there in consequence of their numbers, and who only see just so much of a case as the teacher places before him in the manner abovementioned,—must be very liable to present those appearances so well described by Dr. Parkes, when subjected to a practical examination.

The only method of giving a stimulus to the practical education of students in the hospital wards is to institute practical examinations. Those, however, who are opposed to practical teaching, and in favour of the comfortable looking-on system, are, as a matter of course, opposed to practical examinations. The institution of the latter would necessarily cause the breaking down of the former. The truth is, there is no difficulty either in the one or the other. I have found a large class no impediment at all. On the contrary, it adds interest to the proceedings; and as I have never yet had to complain of want of decorum or absence of gentlemanly conduct on the part of my students, so I have no fear for the future. The Commissioners for the Universities of Scotland have enacted that the examinations in Medicine and Surgery shall be conducted "in part by clinical demonstrations in the hospital." The regulation comes into operation this session, and will, I trust, be the means of inciting you to that kind of study, which, you may depend upon it, is, after all, the one best qualified to fit you for the responsible duties of the medical profession.

Abstracts
OF
CLINICAL LECTURES IN SURGERY.

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PERFORATION OF THE CÆCUM AND APPENDIX VERMIFORMIS.

PERFORATIONS of the cæcum and its vermiform appendage bear a general resemblance to those observed in other parts of the intestines, but they are to some extent peculiar. They differ in their cause, which is usually the prolonged detention of fæcal matter, or of some foreign body, in the bowel, and they lead to more extensive injury. From no part of the intestinal tract does the extravasation of fæces and air spread more widely. Many organs may thus be invaded, and the symptoms arising out of the perforation may be correspondingly various. The diagnosis is therefore particularly liable to error, the disease being at first but indistinctly characterized, and at a later period concealed by the prominence of incongruous symptoms.

The early characters of the ailment indicate inflammation of the structures in the right iliac fossa, such as commonly occurs from the lodgment of hardened excrementitious matter in the cæcum, and subsides upon the evacuation of it. The aid of the surgeon is not usually sought in such cases until an abscess forms, or a tumour containing air presents itself, by which time it is commonly clear that a perforation of the bowel has taken place.

Abscess in the right iliac fossa, containing air; discharge by stool of matters long detained within the bowels; recovery.

A thin, pale man, of about forty years of age, came into the hospital, under my care, with an abscess in the right iliac region. I opened the abscess, and let out some air and pus having a very offensive odour. A day or two afterwards the nurses and other patients joined in making vehement complaints of this poor man, who, by-the-by, had an impediment in his speech, and was little able to defend himself. It appeared that he had passed by stool some matters of the most disgusting odour, in which, on examination, there proved to be a considerable quantity of currants. He was accused of having been eating these forbidden articles since his admission into the hospital; but there was no proof of the truth of the accusation, and his own statement joined with the appearance of the evacuated matters to show that he had eaten the currants some weeks before his illness began. He had no further symptoms from the time the bowels were cleared. By the help of tonics his health improved, and he left the hospital with his abscess healed.

Such an abscess, in which the fact of its containing air all but demonstrates that it had a communication with the bowel, and the situation of which shows it to have been connected with the head of the colon, is one of the simplest instances of the disease to which I could first direct your attention. But in other examples the greatest difficulty in the diagnosis is occasioned by the extent to which distant parts become involved, as matter or air travels from the first seat of the disease. In a case which I saw in the practice of Dr. West, the abscess did not burst externally, but it extended to the diaphragm, and gave rise to an attack of acute inflammation of the right pleura, and prominent chest symptoms. The whole disease had been caused by a cherry-stone in the child's appendix vermiformis. Dr. Abercrombie* relates a case in which the abscess ascended from the iliac fossa along the bodies of all the lumbar vertebræ. Dr. O'Ferrall† has published instances in which the bowel gave way, and an enormous tympanitic distension of the integuments of the abdomen was suddenly occasioned by an extravasation of intestinal gas into the subcutaneous tissues. Mr. Shaw once had under his care a case of long-continued fæcal discharge from a greatly swollen scrotum, which was found after death to contain a displaced and ulcerated vermiform appendix.‡ Dr. Risdon Bennett has informed me that a case occurred in his practice, in which fæces and gas escaping from the cæcum separated the peritoneum and abdominal muscles, and, after having traversed the whole breadth of the abdomen between those structures, came to the surface before death in the left groin.

Of the next three cases I give you a more complete account, as they were under my own care in the hospital. They present other and extreme illustrations of the ravages which may be caused by the perforation of this part of the bowel. The complications which arise as the extravasation proceeds will be intelligible without further comment upon a recital of the cases.

Infiltration of intestinal gas throughout the subcutaneous tissues of the right side of the trunk from the hip to the armpit; abscess containing fæcal matter behind the caput coli and right kidney; perforation of the appendix vermiformis.

A man, aged thirty, was constipated from Christmas-day, when he had eaten a large dinner, to the 3rd of January: on that day he was very ill. His right hip was permanently bent, and some scars of former abscesses in its neighbourhood showed that there had probably been previous disease of the hip joint. On being purged by medicines, he passed four motions, of which the first two contained currants, raisins, and orange-pips, and were very offensive, while the last two were healthy.

The next day (the 4th) swelling and dusky redness were noticed on the right side of the trunk from the iliac to the axillary regions. The appearance was so like that of phlegmonous erysipelas, that the solid nitrate of silver was applied over the cutaneous surface. During the night acute pain attacked the abdomen, and his vital powers became greatly depressed.

I saw him for the first time on the morning of the following day. The whole right side of the trunk was tumid, and particularly the axilla. The swelling in the latter situation was elastic, but did not fluctuate. In the right iliac region the presence of air in the subcutaneous tissues was evidenced by their crackling under pressure. The intermediate skin between the axillary and iliac swellings was of a dusky red colour. He was exhausted and dying. I made no incisions at such a stage of the disease, and he died in the afternoon.

At the post-mortem examination on the ensuing day, the trunk was found already green. There was almost universal peritonitis, which on the right side of the pelvis and adjoining surface of the cæcum had resulted in the effusion of lymph. The whole colon was greatly distended. Its head and ascending portion, together with the right kidney, were raised by a very large abscess, which reached from the right hip to the diaphragm, and was bounded behind by the lumbar costiform processes and the abdominal muscles. It was filled with pus, and its walls were formed of very loose flocculent lymph: both pus and lymph were stained by fæcal matter. The abscess also contained a dark-brown calculus, half as large as an almond. It was rugged on its surface, broke easily into laminæ, and sank in water. It was not a biliary calculus: the gall-bladder and ducts were healthy. Its centre was thought to be a dried and shrunken currant. The appendix vermiformis was divided by ulceration into two parts, about an inch from its extremity; and it communicated with the cavity of the abscess. The subcutaneous tissues on the right side of the trunk were infiltrated with air, which, having escaped through the abscess from the bowel, reached up to, and chiefly formed, the swelling in the armpit.

Pain and swelling of the right side of the abdomen, and of the right thigh as low as the knee; abscess behind the caput coli and the right kidney communicating by an ulcerated opening with the appendix vermiformis; infiltration of fæcal matter and air throughout the muscles of the thigh, leading to perforation and inflammation of the knee joint.

A fair, well-nourished servant girl, aged eighteen, had a violent rigor, lasting two hours, and a sudden suppression of the catamenia. Eight days afterwards she was admitted into the hospital under the care of Dr. Stewart. She lay on her back with her knees drawn up, and moved with difficulty in bed. Her countenance and mind were dull, and she could give little account of herself; but when the abdomen was examined, it was found rather tumid and tympanitic, the right iliac region felt doughy, and was so tender on pressure that she called out loudly if it were touched. She had dry lips, a thick greenish-yellow coating on the tongue, intense thirst, and pulse 124, full, soft, and very compressible. She vomited on the day of her admission, and had several loose, watery motions of a dark colour.

March 3rd.—The next day the whole thigh was observed to be swollen, and I was summoned. I found the right thigh also swollen, tense, extremely tender, and so painful that she occasionally cried out loudly on account of it. The swelling, tenderness, and tension were greatest in the groin, and along the front and inner side of the thigh. There was swelling on both sides of the patella, but that bone was not raised; and there was also tenderness behind the hip joint. Jarring the limb by a blow on the heel gave uneasiness in the knee-joint. There was no congestion or œdema of the leg or foot. The general symptoms were very violent. The sickness, drowsiness, and depression continued. The tongue was clammy and red, with prominent papillæ at the sides. She had had no sleep since the night of seizure. Ten leeches were applied on the groin, as many more were scattered on the thigh, and equal parts of the ointments of mercury, opium, and belladonna were afterwards laid on and covered with a poultice.

4th.—The leech-bites bled freely. The swelling was less tense; but none of the other local or of the constitutional symptoms had abated. I made an incision in the upper and outer part of the thigh, where the swelling was particularly prominent, and cut to the bone without finding matter.

5th.—The thigh was flaccid and a little flattened, but still large. Tenderness continued in the groin and knee; and to the distressing thirst and sickness from which she had suffered was now added hiccough. Pulse 132, feeble. She was ordered four ounces of brandy, and half a drachm of tincture of sesquichloride of iron every four hours.

6th.—The sickness was decidedly increased by the steel. Ordered, one grain of opium every two hours.

7th.—No sickness for twenty-four hours.

8th.—The thigh contained air to day, which could be readily moved from place to place in subcutaneous spaces about the knee. Air and a very offensive discharge of a blackish, watery fluid escaped from the incision in the upper part of the thigh. I endeavoured by two fresh incisions to give an outlet for the pent-up matters, and let out pus and gas from the neighbourhood of the knee. The patient died the same day.

* Diseases of the Stomach, third edition, p. 308.
† Dublin Hospital Gazette, March 1st, 1854.
‡ Hernia of the Vermiform Appendage, with Extravasation of Fæces within the Scrotum. Trans. Path. Soc. for Session 1847-48, p. 270.

Inspection.—The surface of the body was tinted yellow. The thigh was infiltrated with air and blackish fluid, the former hollowing the muscles into comb-like cells, the latter completely altering their colour. There was a shreddy aperture at the outer and back part of the knee-joint, on the outside of which was honeycombed muscle, with air and pus, and on the inside a little lymph. The joint had become visibly vascular only near this aperture. On tracing the morbid tissues upward, they were found to be continuous through the iliacus muscle with a large abscess behind the cæcum and ascending colon. The abscess reached so high as to surround the right kidney. It contained a small, dark, brownish-red concretion, which easily crumbled, and it communicated with the bowel by a large ulcerated gap in the appendix vermiformis. Patches of recent lymph were seen on the peritoneum, in the vicinity of the abscess and appendix. All the organs were healthy.

Abscess in the right groin, containing air, and communicating with the cæcum. Destruction of the right hip-joint; albuminuria, dropsy, and death.

A wan, thin, querulous man, aged thirty-five, came into the hospital, under my care, Nov. 14th, 1860, with his right hip stiff, bent, much swollen, and tender, with pain shooting down the back of the thigh, and painful starting of the hip-joint at night. He could not bear to be moved, and the opposite hip was very tender from his long lying on it. He had sweating at night, and he had a glazed tongue and a weak pulse.

The swelling posteriorly was limited to the region of the hip-joint, and was firm and tender. In front it was less firm and less tender, and spread beyond the joint both inwards and outwards, as well as upwards, in which direction it reached and filled the right iliac fossa. This also was firm, but only moderately tender.

Twenty-three weeks previously he had had constipation, which was only relieved by strong medicines, including four doses of castor oil of two ounces each. In a week after he had pain in the groin, extending to the inside of the knee. He suffered so severely from the pain and starting of the hip, which evidently proceeded from ulceration of the cartilages of the joint, that on the day following his admission I applied the actual cautery freely to the whole hip, groin, and iliac region. In a week he had much improved, and was free from pain; and in four days more he wanted to get up, but this was not allowed.

On the 29th I noticed air in the groin a little below Poupart's ligament, and there was some renewal of pain. On Dec. 3rd tympanitic resonance was found on the outside of the hip, and the next day below the great trochanter. When the air was pressed away, and he made a continuous expiratory effort with his abdominal muscles, the groin speedily swelled, and became again resonant on percussion. I applied a pad and bandage, which prevented the air from spreading along the tissues. A swelling which appeared at the same time in the back of the thigh below the tuber ischii contained no air. He improved in general health; and for three months the air continued in this newly-formed cavity without producing inflammation, and without extending much beyond the region it occupied at first.

Early in March pain came on again, and the swelling increased. When he coughed, the hand was firmly raised and spread by the outflow of air under the integument of the thigh. Over the trochanter and in the iliac region the skin thinned, and at length, on the occurrence of loose evacuations after some constipation, acute inflammation came on all over the groin and hip, the skin reddened, and he suffered great pain, especially on the least movement of his hip.

I made an opening over the trochanter, and let out chiefly air; a little thick pus slowly followed. For a few days a muddy, yellowish thick pus flowed, and once a brownish-yellow pultaceous matter, which came from the bowel. In a few days more (March 25th) the air had ceased to escape, the pus was healthy, and much of the thickening in the iliac fossa had subsided.

Considerable improvement of his general health took place; and in another month he was able to get out of bed and stand. Then swelling took place on the inside of the thigh; and he began to complain of pain in the right side of the perineum, of pain in defecation, and occasional difficulty in micturition. A swelling slowly formed inside the right tuber ischii, which I thought to be a prolongation of the iliac abscess within the pelvis, and opened it. Matter did not flow the first day; but it afterwards escaped freely, and the symptoms connected with the bladder and rectum ceased.

After this the soft spot on the abdomen, which had never opened, nor yet disappeared, became again painful, and gave way. There being thus three free outlets for matter, its quantity diminishing from week to week, his appetite and flesh keeping up, and his spirits having much improved; there having, moreover, for a long time been no escape of air or feculent matter, and the iliac swelling being much reduced, he appeared likely to recover.

Nevertheless, early in June I found his ankles swollen; and on examining his urine, ascertained that it was depositing albumen copiously. This was a new symptom: his urine had been looked to sundry times before, and had been found to be healthy. Ascites and a good deal of anasarca came on; his face became puffy; the urine failed to improve; and in about five weeks from the first appearance of the dropsy a severe attack of erysipelas about the hip carried him off.

Inspection.—The face and body were marked with violet blotches. There was recent peritonitis, and there were old adhesions about the cæcum and appendix. At the back of the cæcum there was a circular hole, which would admit a crow-quill, and which had a sharp, black, cicatricial edge. The mucous surface of the bowel around the aperture was seam-like and scarred, and the membrane beyond was covered with black and grey dots. The scarred aperture of the cæcum let water through, yet some soft substance bulged into it, so that it did not at first appear as a hole. All the sinuses led to this aperture in the bowel. The hip-joint was destroyed, its cartilage gone, and the head partly absorbed. The great air cavity of the gluteal region had healed up. The liver was waxy; the kidneys waxy and fatty, rather large, and mottled, like the skin, with patches of blood.

The following case illustrates a recurrence of disease several years after an apparently complete recovery from it, and without a renewal of its original cause.

Constipation, followed by abscess in the right iliac region; thirteen years afterwards a second iliac abscess, from which large quantities of blood were discharged; recovery.

I have recently seen a stout man, between fifty and sixty years of age, under the care of Dr. Arthur Prince, of Paddington, for a fistulous opening near the anterior superior spine of the right ilium. From this opening one or two pints of extremely fetid and dark grumous stuff were discharged every two or three months. After the escape of the offensive matter, the cutaneous orifice would quickly close, and the patient return to his avocations as a healthy man. A little above the inner part of Poupart's ligament was the depressed scar of an old abscess, and the right side of the scrotum contained a piece of omentum adherent in a small hernial sac.

Thirteen years previously the patient had suffered from continued constipation; and on the relief of this by powerful purgatives, an abscess appeared and opened in the situation now occupied by the scar. He does not remember that any air or fæces were discharged in the abscess, and he is clear that his ailment did not arise from a strangulation of his rupture. The present symptoms have existed about a year and a half.

The matter discharged on one occasion, when carefully examined, proved to be chiefly coagulated blood, which had been so long retained in some internal cavity as to have acquired a most offensive odour, and to have partly separated into black clot and loose fibrin. A small quantity of pus was mixed with it, but no fæces or air.

On the enlargement of the opening in the integuments, they were found undermined to a wide extent both in the groin and towards the hip; but the space thus exposed did not appear large enough to have held the quantity of blood which had recently escaped. A further search disclosed a small orifice in the abdominal muscles, which, when enlarged so as to admit the finger, was found to communicate with a capacious abscess. It was bounded by the caput coli and iliacus and psoas muscles, and it extended from the crest of the ilium to the body of the last lumbar vertebra.

The foul contents of this space were at first syringed out daily, and the discharge became healthy. Means were then taken by the insertion of a thick india-rubber tube to maintain a large opening in the abdominal muscles, and in a few weeks the daily discharge was reduced to about half a drachm, and the abscess to the capacity of a hen's egg. The general health was excellent, and there seemed to be a prospect of an eventual cure of the disease.

In its early history, this case appears to have been one of inflammation of the cæcum. The situation of the first abscess and its connexion with a disease of the bowel make this the most probable explanation of it. The later suppuration was not traceable to any fresh attack of enteritis; it was probably kept up, in rather an active avocation, by the movements of that

wall of the abscess which was constituted by the psoas and iliacus muscles; and by the friction of the granulations against one another thus produced the singular and perplexing occurrence of fetid haemorrhage may also probably be explained.

The lessons of practice to be drawn from these cases are the same as those which I have already expressed in speaking of perforations of higher portions of the digestive tube. The earliest period should be taken for providing the extravasated contents of the bowels with an ample outlet, and for maintaining it until contraction or complete cicatrization occludes the original aperture in the intestine. Only when this aperture is so near the surface of the body as to be itself capable of closure by artificial means can the principle of treatment be reversed, and an attempt be made to close instead of opening the diseased parts. It is true that I was able to avoid incisions for some months in one case, and that the man suffered no detriment from the delay; but I am not satisfied that any advantage resulted from it. So long as his food was unirritating, the extravasated matters were harmless to the tissues of the groin, and the cicatrization of the ulcer in the cæcum doubtless advanced; but as soon as a diarrhœa set in, and more profuse and noxious matters escaped into the thigh, it became indispensable to make the openings which had previously not been required.

Moreover, in all these cases, the practice of frequent and for a time even of continuous irrigation seems to me of much value. If gently performed, so as not to swell up the tissues by infiltration, it effectually cleanses them, and, whether the fetid matters be washed out or in, it prevents their absorption, and leaves the parts in the best condition for effecting their own repair.

CONTRIBUTIONS
TO THE
PATHOLOGY & TREATMENT OF ASTHMA.

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III.—ON THE VALUE OF CHLOROFORM IN THE TREATMENT OF ASTHMA.

Varying efficacy of chloroform; its method of action in asthma; its freedom from special danger. Case 1, *illustrating its primary and secondary effects, and the ultimate efforts of its prolonged administration. Case* 2. *Cure by the production of sleep. Case* 3. *Case* 4. *General summary.*

AT a time when the attention of the profession has been so much directed, by the labours of the "Chloroform Committee" of the Medico-Chirurgical Society, to the subject of the employment and action of chloroform, a contribution on my part of what I have found to be its value and effects in the treatment of asthma may not be without interest, especially as some of my observations have a general and physiological bearing.

The inhalation of chloroform is, beyond doubt, one of the most powerful methods of the treatment of the asthmatic paroxysm that we possess, as it is also, necessarily, one of the most recent. Many patients have an objection to it, and there is the practical difficulty of the necessity, or the supposed necessity, of the presence of the medical attendant for its safe administration; and therefore in a great many of my cases patients have preferred using other remedies, and have not tried it. But I have notes of thirteen cases in which I have watched its employment, in none of which was it inoperative; in twelve it did good, in one it did positive harm. But I believe this last case is extremely rare, and that not in one case in fifty or a hundred would chloroform increase the asthmatic spasm: of all the cases in which I have known or heard of its being given, I have never heard, except in this case, of its increasing the asthma.

A more common fault of it, and a very serious fault, is that the relief which it gives is transient, and in many cases merely coextensive with the insensibility that is produced. Indeed, it is the *rule* for the beneficial effect of the chloroform to pass off, in a greater or less degree, with the insensibility. This, however, is not always the case, for in some instances when the insensibility passes off the asthma does not re-appear; in some the relief is produced without any insensibility whatever; and in some a very small dose is sufficient to give relief, the patient immediately passing into a tranquil sleep, which may continue for hours, and from which he will wake with the asthma gone, although the original dose was far short of enough to produce the true chloroform sleep.

There can be no doubt, I think, that chloroform dissipates the asthmatic spasm by relaxing muscular contraction, just as it will dissipate hysterical contraction of the *rectus abdominis*, and thus disperse a phantom tumour, and that it acts through the general nervous system. But I have seen one case, which I shall relate, in which it seemed to act directly on the bronchial muscle. I conclude this to have been so because I think the effect was too immediate for it to have taken place *viâ* the circulation and the general nervous system: the first act of inspiration would be accompanied with a sensible relief long before the blood charged with the chloroform could have reached the nervous centres.

Patients and their friends have often asked me if there was not danger in giving such an agent as chloroform in the height of an asthmatic paroxysm. And truly, looking at the alarming state of semi-asphyxia to which the asthmatic paroxysm often amounts—the turgid face, the small pulse, the struggling respiratory muscles, the almost absolute standstill to which both respiration and circulation are brought—one would be apt to think that it would take very little more to stop both the one and the other, and that it was not exactly the condition for which to administer a drug having so depressing an influence on both these functions. I can only say, however, that I have given chloroform in the very agony of the worst attacks; that so far from fearing it under such circumstances, it has been to relieve the intensest asthma—that which nothing else would reach—that I have most given it, and that I have never seen any bad effects from it. Indeed, the immediate and direct effect of the chloroform is to remove that which is the whole cause of the asphyxial stoppage—the bronchial spasm,—and to set the pulmonary circulation free. No sooner does it enable the patient to fill his lungs than the loaded right heart disburdens itself, the lividity and venous turgescence disappear, and the pulse regains its normal volume. The intensity of asthmatic asphyxia, so far from being a reason against the administration of chloroform, is the great reason for its immediate employment. I grant that if the same amount of lung-stoppage depended on any other cause than bronchial spasm (at least on any cause that chloroform would not relieve) its administration would be highly dangerous.

I may add that my experience does not induce me to believe that the presence of valvular disease, or muscular weakness of heart, adds anything to the danger of chloroform, unless these conditions exist to such an extent as materially to affect the circulation. I believe that chloroform may be as safely given to a man with an aortic bruit as to one without one, provided there be no *symptoms* proper. I believe the circumstance that determines whether chloroform shall exercise a fatal influence on the heart's action is, not the presence or absence of organic heart-disease, but some idiosyncrasy of nervous organization.

CASE 1.—F. E——, aged sixty-three, engaged in the practice of the law, a sufferer from asthma of many years' standing, first began to take chloroform at the end of 1861, two years and three quarters ago, most probably at my suggestion, to relieve the violent attacks from which he then suffered. The dose in the first instance was small, and the effect always satisfactory and immediate. Not more than fifty minims was given on each occasion, and probably it was some time before that dose was reached. It never failed. One effect noticed then, which has been remarked ever since whenever the chloroform is given in full doses, was that it always made him feel chilly when recovering from its influence. It was applied on a handkerchief twisted into a hollow cone, into which the chloroform was dropped. The time at which it was exhibited depended entirely on the time at which the asthma was sufficiently bad to require it, and that was generally in some part of the night. The effect was then, as it has been ever since, and is now, immediate: after a breath or two had been drawn the spasm was felt to be giving way, and within a minute it was gone; and consciousness was gone too.

At this time the effect was not only immediate but final; the asthma was over for that bout, and the quantity necessary to finish it off was certainly never more, as has been stated, than fifty drops, probably not more than thirty. After having had an attack of asthma cured by chloroform, he was in the habit of considering himself "good for a week."

Since that time the asthma has gradually changed its character, and the attacks, instead of occurring in paroxysms of great severity at long intervals, have occurred more and more

frequently and in a milder and milder form. As a result of this the chloroform has been more and more frequently called into requisition, and, again as a result of this, has gradually lost its power. Thus the dose required to relieve the spasm has continually increased.

The quantity required at different times would be very various; sometimes ten minims would produce a complete and marvellous effect—completely stop the asthma, and send him off in a tranquil sleep for two hours; at other times dose upon dose would produce no effect, or next to none. On one occasion he took three ounces of chloroform between one o'clock in the morning and nine o'clock in the evening. The reason of the difference at different times seemed quite inscrutable. I have observed it in other cases.

From the beginning, the taking of chloroform was followed, many hours afterwards, by two symptoms—nausea, and a copious secretion of viscid saliva from the mouth. If, for instance, he took the chloroform at the usual time, say four o'clock in the morning, he would have no nausea at the time, nor in the morning on taking his breakfast, which was generally a most substantial one, nor at chambers. But almost immediately after leaving chambers, at half-past four P.M., as soon as his mind was relieved from the preoccupation of his duties, he became conscious of the nausea. On his way home it would become very troublesome, accompanied by this profuse secretion of saliva, which was so great that to his infinite disgust, he had constantly to get rid of it in the streets. It was frothy and viscous, so that sometimes he had great difficulty in getting his lips clear of it. On reaching home the nausea was sometimes so bad that he could take no dinner; generally he could and did, and usually found that the act of taking food relieved the sensation. Sometimes, however, after having taken a good dinner it all came up again. For the rest of the evening he was *hors de combat*—could do nothing, sat in his arm-chair in a state of exhaustion with a basin by his side; and this would continue till it drove him early to bed at eight or nine o'clock. The next morning on waking, supposing he had no asthma or chloroform, he would still feel the nausea, but in a diminished degree, often, however, so much that he could take no breakfast. On reaching chambers all sense of nausea would vanish, and would not be felt till business was over; then it would be felt again, but in a still less degree. And so it would go on till the second or third day, the flow of saliva and the nausea both gradually decreasing, when they would both finally cease. If, however, he took chloroform the second night, the nausea at breakfast-time the next morning would be still stronger, and would last longer—go on an additional day.

Besides these effects of the chloroform, which may be called the primary and immediate ones, certain more remote results gradually developed themselves in proportion to the length of time that the habit had existed and the increased quantity taken on each occasion. These secondary effects of the prolonged use of chloroform, as shown in this case, were—

1. Insomnia.
2. Deafness.
3. Apathy.
4. Tremulousness of hands.
5. An increase of the asthmatic tendency.

The most strongly marked and the most distressing of all was the insomnia. It came on very gradually, and for a long time the cause of it was not suspected. The patient was habitually a good sleeper, and the wakefulness that gradually showed itself was a strange and unaccustomed thing. In spite of all he could do, the hour at which he fell asleep became later and later—two, three, four o'clock, till at last it was six or seven. Indeed, he may be said ultimately to have had no sleep at all; two or three hours in a week was all he would get, and it became a wonder both to him and to me how he could exist with so little sleep, and not only exist, but pursue professional labours involving a great deal of close attention and mental wear and tear. When he went to bed he lay perfectly tranquil; there was not the slightest restlessness, but it seemed as if all tendency to sleep was abolished, as if he had no sleep in him, and never should want to sleep again: he was tranquilly wide awake. Finding sleep hopeless, he spent the chief part of his nights reading. Everything that could be thought of in the shape of a sedative was tried. At one time it was thought that Indian hemp was giving him sleep, but it turned out afterwards that it was the remission of the chloroform that *allowed* him to sleep, and not the Indian hemp that was *making* him sleep. The dependence of the insomnia upon the chloroform was discovered in this wise: The first exhibition of the Indian hemp was accompanied by a remission of the asthma, and therefore with a cessation of the chloroform. After it had been given a night or two it was observed that the patient was sleeping a little towards morning, and night by night the time at which he fell asleep became earlier and earlier, till at last he would be so sleepy at ten o'clock (or even nine I think) that he could not keep himself awake, but was obliged to go straight to bed. The Indian hemp had been given early, at seven o'clock, in order that its influence might come on the sooner; it was now, therefore, given later, just before bedtime, but so great did its soporific effect appear to be, so immediately did an irresistible sleepiness come on, that the dose was reduced, and great was the credit that the "bang" received as an invaluable hypnotic. The sleep was everything that could be wished, and the neck of the insomnia was supposed to be broken; the Indian hemp had done its work, and was left off. But now came asthma, and with it chloroform, and within a few days the insomnia difficulty re-appeared; sleep came on later and later. The "bang" was again resorted to with confidence, but this time without success; the sleeplessness became worse and worse, till it was as bad as it had been before the hemp was given. The murder was now out; it was clear that it was the chloroform that produced the insomnia; that its former cure had depended on the remission of the chloroform, and not on the administration of the Indian hemp, and that now that the chloroform was keeping it up, the hemp was powerless. It was very curious to see, as the chloroform continued to be given, the gradual way in which the time that sleep would come on was postponed, just as previously, when the chloroform was left off, the time at which sleep supervened was a little earlier each night. I may here mention that, in confirmation of this view, the return of sleep has again followed the remission of the chloroform. My patient has now, at the time that I am writing these notes, left off the chloroform for twelve days, and he has, in the same gradual way as before, recovered his power of sleep, and this time without the use of the Indian hemp. I am not aware that this tendency of the protracted use of chloroform to produce insomnia has ever been noticed before.

Another effect was *deafness*. My patient has long been a little deaf, but after he had taken the chloroform for some time this deafness was greatly aggravated, and became a matter of much inconvenience to himself and his friends. His mind also seemed to be affected; his intellectual powers were as good as ever, but he seemed to have lost the disposition to use them, and he would sit for hours in a sort of apathy, neither writing, nor reading, nor conversing, although naturally a man of great mental energy. He noticed, too, that his hands were tremulous, and that he had not his customary steadiness in delicate manipulations with them.

There cannot be a doubt, too, I think, that although the chloroform never failed to relieve the asthma at the time, it tended to increase the asthmatic tendency in the long run, and this probably by rendering the nervous system more susceptible, shaky, and irritable. Certain it is that the longer the chloroform was given, the more frequent and obstinate did the asthma become, and the more transient was the control that the chloroform exerted over it. Slighter things, too, would bring it on: the patient has told me that he is sure that an attack of cough which, now that he has left off the chloroform, has no power to bring on the asthma, would infallibly have done so at the time he was taking it in such quantities. At that time, too, phlegm coming away would secure no immunity. A good deal of this "induced" asthma, however, was not "the genuine article," but a spurious imitation. I was sent for one night in great haste to see him, and was told of the immense quantity of chloroform that had been taken, and the persistent recurrence of the asthma in spite of it. But on closely watching my patient I soon discovered that what he was suffering from was not true asthma at all; there was no real distress about the breathing, and I believe no narrowing of the bronchial tubes. The differences between this "induced" and true asthma are, that it is rather a rapid and panting than a tight constricted breathing; that though loud, it is unaccompanied with wheezing; that it will suddenly cease spontaneously, remain absent from two and a half to three minutes, and then suddenly re-appear; that whenever he speaks it ceases, or whenever anything emotionally excites his attention. On the occasion in question I refused to give any more chloroform for the mitigation of this spurious dyspnœa, and in a quarter of an hour it was gone. I believe that by keeping up the chloroform condition it might have been indefinitely protracted. From that time my patient and his attendants have been able to recognize the difference between true asthma and this spurious dyspnœa. And the recognition of the difference is practically important; as the chloroform, although so

effectual in relieving the true asthma, is not only useless against the spurious form, but inevitably keeps it up.

Such, in this interesting case, were the secondary results of the prolonged use of chloroform. They are such as I think offer a very serious bar to the further use of the drug. It was impossible to observe the shattered condition of my patient, and not feel that the further pushing of the remedy would entail a worse condition than the asthma; that of the two evils, it would be the choice of the greater. And, with this case in view, I should, on any future occasion on which I might advise the use of chloroform, look forward to the possibility of having to prohibit its further employment, lest a worse thing than asthma come upon my patient. Chloroform-taking is like other dram-drinking, gains the same hold upon the patient, and leads to the same results. Indeed, it is impossible not to see, in the case that I have related, a very close resemblance between the symptoms and those of chronic alcoholism—the vomiting, the hand-tremor, the mental enervation, the insomnia. It is a good rule, and of universal application, that we should be slow in ordering the habitual use of any remedy whose ultimate effects are deleterious, especially in cases in which the dose is likely to become large. And just as I should be chary of commencing the habitual use of alcohol or opium in any case of a chronic nature, so should I that of chloroform.

CASE 2.—L. B——, a lady aged forty-nine, who has long been a victim to asthma, is accustomed to get relief from her symptoms in the following way:—About seven or eight o'clock in the evening, when she feels she could go to sleep, she pours ten drops of chloroform on a pocket-handkerchief, and inhales it. In two minutes her asthma is gone, and, partly probably from the cessation of the fatiguing efforts of breathing, and partly from the effects of the chloroform, she is sound asleep; sleeps, perhaps, for six hours, and wakes breathing quite freely. On one occasion, when I was called to see her in a very bad attack, knowing that so small a dose of chloroform as ten minims would stop an attack in the way I have described, I determined on administering it, in the confident expectation of giving her immediate relief. What was my surprise, however, to find that, although each dose that I administered gave her temporary ease, as soon as the effect of the chloroform passed off the asthma returned. I continued dosing her for about an hour, having given her in that time three or four drachms; and, when the effect of the last dose passed off, her asthma returned as severely as before I had administered any. It was quite clear that I was gaining nothing, and that for permanent relief the chloroform was worthless. I therefore desisted.

Subsequent experience has cleared up the mystery, and shown that chloroform only gives her permanent relief when it sends her into a continuous sleep; and that it only sends her into a continuous sleep when she takes it at such a time as she would, if free from her asthma, be likely to sleep continuously—as, for example, near her ordinary bed-time. Given at any other time, it produces just as much momentary relief; but the state of sleep being transient—the chloroform sleep not passing into natural sleep—the asthma returns with the consciousness. This curious fact is consistent with another fact in this lady's case, and probably depends upon it—that she never has asthma when she is asleep, and that if she has asthma and can in any way get to sleep her asthma is sure to cease; so, on the other hand, she is never awoke by asthma, like other asthmatics, but wakes free, her morning asthma appearing *immediately after* she is awake, and the time that it comes on depending entirely upon the time she wakes. The correct interpretation, therefore, of the cure of this lady's asthma by ten minims of chloroform is, that the chloroform temporarily relieves the asthma and sends her to sleep, and the sleep prevents the recurrence of the asthma.

I have repeated the chloroform experiment in this case on several occasions, and always with the same result. Any quantity is valueless to give more than a transient relief, unless given just at the time when sleep is disposed to supervene; but given then, ten minims is just as potent to cure an attack now as it was formerly.

The incompatibility of sleep and asthma which characterizes this case in quite peculiar; indeed, it is the very reverse of what one ordinarily sees, sleep being commonly one of the most powerful predisposing conditions of asthma. However, it is a peculiarity that is very fortunate for the possessor of it, for it evidently imparts to chloroform, in her case, a power that it would not otherwise possess.

CASE 3.—The following short notes of the effect of chloroform in one of the most distressing and intractable cases of asthma I ever saw I received only a day or two ago:—"And now about chloroform. I can hardly tell you much about it, as I have tried none since I left Surrey-street; and there, and elsewhere before, I only tried it once or twice at a time. It struck me, however, that its bad after-effects were greatly in excess of the short relief I obtained by the stoppage of the paroxysm. Latterly I inhaled from half a drachm to forty minims during the height of a paroxysm. In a few minutes I began to feel queer, but a delightful sort of queerishness; the paroxysm disappeared, and I could lie back half asleep, and breathing, as it appeared, naturally. But this effect wore off in half an hour or so, and the paroxysm would begin again, aggravated by a very distressing sort of feeling. I have not tried it in repeated doses, the first after-effects being so bad; in fact, it acts very like any preparation of opium does on me, but quicker, and the relief does not continue so long; the paroxysm returns sooner, and the distress is greater than after opium; but it does not make me so unwell the next day."

CASE 4.—A medical man, formerly a patient of mine, and in whose case chloroform was the only thing that gave any relief, thus describes, in notes that he sent me, the effect that it produced on him, and the method of its administration:—"The effect of the chloroform was not immediate in subduing the paroxysm, but was instantaneous in giving temporary relief by relaxing the spasm of the muscles of the bronchial tubes; but if I ceased its inhalation the symptoms returned in unmitigated force. As to the time I had to continue its use, that depended upon the severity of the paroxysm; and as to the quantity, I can scarcely give you a correct estimate, as Mrs. H—— poured about a teaspoonful upon a handkerchief, and this was repeated as soon as the chloroform had evaporated, and continued until the urgency of the symptoms was removed. The effects were always accompanied by an acceleration of the pulse; and after the dyspnœa was relieved I usually went off to sleep."

I might multiply such narratives as these to a great extent, but I have given enough to show the value and efficacy of the remedy, and to illustrate some points of its physiological action.

On the whole, my experience of chloroform induces me to conclude—

That it holds a high place amongst the remedies of asthma; that there is probably no one agent that relieves in so large a number of cases.

That it operates with very various completeness in different cases.

That even where it does not *cure*, it is of great value by affording a temporary respite.

That no amount of asthmatic dyspnœa or asphyxia is any bar to its use.

That if given constantly, however, in large doses, for a long period, a state of things arises which does, in my opinion, constitute a bar to its continuance.

Montagu-street, Russell-square, Oct. 1864.

CONTRIBUTIONS TO THE PRACTICAL SURGERY OF DISEASES OF CHILDHOOD.

BY T. HOLMES, M.A. CANTAB.,
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No. IV.—ON EXCISION OF THE HIP, WITH A REPORT OF EIGHT CASES OF THAT OPERATION RECENTLY PERFORMED AT THE HOSPITAL FOR SICK CHILDREN.

PART II.—*Statistics and method of operation.—Report of cases.*

(*Concluded from page* 486.)

CASE 4. *Very large abscess from disease of the hip; symptoms acute; excision resorted to as a last chance; rapid recovery, with a useful limb.* — William W——, aged seven, was admitted on Jan. 18th, 1864, on account of disease of the right hip-joint, the symptoms of which had existed for about twelve months, without any assigned cause. There was a very large abscess extending down to the lower third of the thigh, which had been increasing daily before his admission. He had had no efficient treatment. There was no great pain, and he slept well; but the large size and rapid increase of the abscess made

it necessary to open it soon after his admission. The suppuration then became very acute and profuse, and he grew extremely pale and thin, but without hectic and with no great pain, unless an attempt was made to move the joint, which was kept in a very unfavourable position. The chest having been examined and found free from any definite signs of tubercle, I determined to make an attempt to rid this poor child of the disease under which he was rapidly sinking. The operation was performed on Feb. 11th. As the boy was so much reduced by suppuration, and there was so large a cavity to fill up, I endeavoured to limit the extent of my incision as much as possible; and as the joint was covered by a considerable mass of soft tissues, I found some difficulty in disarticulating. A large quantity of pus was let out. The bone was sawn through at the junction of the neck and trochanter. It was devoid of cartilage and ulcerated, but there was no necrosis. The lip of the acetabulum was diseased in one part only, and for this the gouge was used. A bracketed splint was applied, but only loosely; and I think it might have been as well omitted, as it seemed to do little good, and was somewhat in the way. The boy suffered but little from the usual febrile reaction after the operation; but the cavity of the abscess became tense and filled with pus, so that it was necessary a few days after the operation to put him again under chloroform and make a free incision at the outer part of the thigh. Very little discharge escaped from the small wound of the excision, partly, no doubt, because he lay on it, and so closed it up. The various wounds went on uninterruptedly well, so that there was nothing to observe about this case till April 2nd, when it is noted that the splint was removed, and the boy allowed to get up. There was still much hard œdema of the thigh in the situation of the abscess, but this seemed gradually diminishing.

On May 18th it is noted that all the wounds appear soundly healed, except a little superficial ulceration of that of the excision and the one next below it. The shortening is an inch and a half. The boy can stand, and make a step or two, holding by the table; the limb is movable on the pelvis without any inconvenience, and with crutches he walks without difficulty.

July 28th.—The patient has been retarded in his convalescence by an attack of measles. He is now well of this complaint, but still weak. The wound of the operation is soundly healed. There is a little oozing of serous fluid from the large opening into the abscess, but this opening seems quite superficial. With crutches he walks nimbly; without them he can walk a short distance, and is gradually improving.

At the present time all the wounds are soundly healed; motion in every direction is preserved. The boy walks with perfect ease, though awkwardly, as he is yet hardly accustomed to the high-heeled boot.

CASE 5. *Re-excision after partial failure of the original operation; event uncertain.*—William M——, aged eight, was in the hospital in the year 1861, under the care of Mr. Athol Johnson. He was then reduced to the last stage of exhaustion by hip-disease, and when excision was performed it appeared clear to everyone that the disease, if not interfered with, must soon prove fatal. The head and neck of the femur were removed, and as much diseased bone as could be found in the acetabulum was taken away. In one respect the operation succeeded, for the child's general health was much improved, and he was rescued from the fate that then seemed inevitable. But the wound never healed, and the limb was of course useless. After long treatment in the hospital, at Margate, and as an out-patient, he was left to himself, having recovered tolerable comfort, so far as to be free from pain, but being still very pale and weak. Latterly, however, the wounds became again very irritable, the discharge increased, and he began to lose flesh and strength; there was also a good deal of pain in the part. On examination, there were found two or three parts of the original wound unhealed, and some sinuses in the neighbourhood; the parts were swollen and irritable. The limb was kept habitually semi-flexed, and appeared a good deal shortened. A probe passed into the wound struck exposed and roughened bone in the upper end of the femur.

On March 3rd, 1864, the original operation was repeated. On cutting through the soft parts over the new or false joint, the end of the trochanter was found rough and carious on a great part of its outer surface; the acetabulum was also carious. The two bones were united together by firm ligamentous tissue. This was divided. About an inch of the end of the femur was removed, and the acetabulum freely scraped out. The exposed section of the femur was not absolutely diseased, but very soft. The surface of the acetabulum left by the chisel appeared healthy, unless it were in one place where there was a deep pit or sinus, which seemed almost, if not quite, to perforate the floor of the cavity. This, however, was scooped out as well as it could be done. No splint was applied afterwards. A poultice was put on. There was little or no febrile reaction, and the wound united rapidly up to a certain point.

On April 29th it is noted that there are four or five shallow ulcers in the middle of the bluish cicatrix, left by the wound, but no more. The discharge is scanty. The boy has been up for some days, and can straighten the leg very tolerably. There is fair movement at the hip. From this point, however, no further progress seemed to be made, and on May 6th he was sent into the country. When seen again, in the beginning of this month, he had greatly improved in health and flesh, but the wounds were still unhealed. It was decided to wait a little while longer, and then, if the wounds do not heal, to examine them under chloroform, with a view to the further removal of diseased bone.

CASE 6. *Unsuccessful; operation refused when first proposed; rapid extension of the disease; death from pyæmia.*—Alice W——, aged six years and a half, was admitted on the 10th of February, 1864, on account of an abscess connected with the right hip. She had been an out-patient of the hospital for five months, with loss of power of moving the limb, an abscess extending in the groin and upper part of the thigh, and enlarged glands. Soon after her admission, the abscess, which had come very near the skin, was punctured at the upper and inner part of the thigh, and an examination was made under chloroform. Extensive crepitus was found on moving the head of the bone in the acetabulum, and the probe passed from the opening on the inner side of the thigh directly into the joint, where the femur was felt exposed and carious. A careful examination was made of the pelvis, inasmuch as the abscess pursued this unusual course; but no fulness or other indication of mischief could be detected there, nor was the spine in any way irregular. The child complained of a good deal of pain at night, but was still in very good general health and condition. Taking into consideration, however, the extensive affection of the joint in a comparatively short illness, and the rapidity with which the abscess had progressed, I thought that a natural cure could hardly be anticipated, and accordingly proposed excision to the parents. They declined this, however. For some little time the child's general condition did not deteriorate. The application of the actual cautery near the trochanter checked the pain. The discharge was not very copious, and she slept and ate pretty well. Soon, however, she began to get worse; the discharge became more profuse and the appetite capricious. Emaciation now commenced. Still the consent of the parents could not be obtained, until it became evident that the child was dying. At last they desired that an attempt might be made to save her. She was now dreadfully emaciated—chiefly, as it appeared, from want of nourishment (the consequence of disgust of food), and partly from profuse discharge. Abscess also presented in the buttock. There was no cough, and careful examination of the chest failed to detect distinct evidence of disease of the lungs, though the left apex was thought to be duller to percussion than the opposite side. Under all the circumstances, though aware that the case was almost hopeless, I was unwilling to let the child die without giving her the feeble chance that an operation could offer. The joint was excised on May 5th. The incision gave vent to a large quantity of foul pus. The head of the bone was greatly altered in shape, but the disease did not extend far down the femur. A section through the base of the trochanter exposed a perfectly healthy surface of bone. The disease of the pelvis, however, was found very extensive—far too much so, in fact, to be efficiently dealt with in the present weakly condition of the patient. The removal of a small portion of diseased bone from the acetabulum exposed a large perforation in the floor of that cavity; the horizontal ramus of the ilium was exposed, and pus issued freely from the pelvis close to the anterior inferior spine. The wound was lightly brought together with a single suture, and no splint was applied. There was little reaction, and no other prominent symptom except increased weakness, until the fifth day after the operation, when cough came on, with pain in the left chest; and on listening there, distinct friction-sounds were audible. She sank rapidly, and died on May 12th. There had been no rigors, nor any of the other usual symptoms of pyæmia.

On post-mortem examination, the weight of the whole body was found to be only 21¾lbs. The limb operated on was about an inch and a half shorter than the other. There were secondary deposits, of very large size, in both lungs. The left pleura contained a large quantity of turbid serum, and a thick layer of slightly adherent lymph. In the right pleura there were merely a few soft adhesions over one or two secondary

deposits, which lay close to the surface of the lung. The other viscera were quite healthy, nor was there a trace of tubercle in the body. The acetabulum was absorbed in its lower part, which had been made to communicate with the great sacro-sciatic foramen, so that the pelvis was perforated by a ragged hole the size of a florin. On the inner aspect of the pelvis was a large collection of pus, between the iliacus muscle and the peritoneum, communicating with the exterior through the acetabulum and round by the anterior inferior iliac spine. Beneath the gluteus medius was a large abscess, communicating with the operation-wound, and reaching back as far as the spines of the vertebræ, running along the crest of the ilium. The inner aspect of the os ilii was laid bare to a considerable extent. The right and left femoral, all the iliac veins in their upper parts, and the lower vena cava, were occupied here and there by thrombi, which were very granular, laminated, variously coloured, strongly resembling an agate in some places on section, and nearly filling the vessel. The clots were not adherent, and the veins and cellular tissue around looked natural.

CASE 7.—*Disease limited to the femur; successful.*—This case strikingly illustrates the advantages of the operation, and indeed its necessity, in appropriate cases. The patient, Mary Ann H——, aged ten years and a half, had suffered from the symptoms of diseased hip only since Christmas, 1863, as far as her friends were aware. She had had scarlet fever in November. On admission she was in good general health, and made little complaint of pain. There was an opening about three inches below the great trochanter, on the outer side of the thigh, leading upwards in the direction of the hip, but no exposed bone was felt with the probe. This opening had been made a week before admission. The thickening over the diseased bone was very great, the distortion extreme. The point of the trochanter appeared to be considerably above the line joining the anterior superior spine of the ilium with the tuberosity of the ischium; crepitus could be very plainly felt on rotation. There was a considerable amount of thickening above Poupart's ligament, but no fulness could be felt deeper in the iliac fossa, nor by the finger in the rectum. I removed the upper end of the femur on June 2nd. The neck of the bone was found separated by ulceration from the head. This separation had taken place about half an inch above the root of the great trochanter. There was a portion of the neck lying loose in the cavity of the joint, and the epiphysis of the head was separated from the shaft at the epiphysial line, and was lying detached and necrosed in the acetabulum. I divided the bone through the upper part of the great trochanter, where it seemed quite healthy, and then removed the loose portions of bone. When put together these three portions of bone made up the head and neck of the femur, a little changed in shape from ulceration. The surface of the acetabulum appeared to be covered in all its parts by soft tissue. There was very little matter around the diseased parts.*

The operation was, as usual, followed by some feverish reaction, which, however, subsided with the establishment of a free suppuration, with which also the swelling about the upper part of the thigh and glands of the groin gradually disappeared. The limb was put between two sandbags, and a few days after the operation a weight of two pounds was hung by means of a loop of plaster from the foot. The shortening at this time measured two inches. Her general health rapidly improved. In about six weeks after the operation the wound was contracted to a mere sinus, and she was able to leave her bed for the couch. By the end of July the wound of the operation was soundly healed, and the other sinus very nearly so. She could stand on crutches. The femur was freely movable, and without any pain. The extending weight was increased during convalescence from two to four pounds, and the shortening had by this time diminished to seven-eighths of an inch.

The issue of this case is not absolutely certain as yet, although extremely promising;† but whatever may be its ultimate result, it must be allowed that no treatment, except the removal of the diseased bone, could have had the least beneficial effect on the progress of the disease. The necrosed portions of bone, though loose, would never have come away of themselves, since there was no sufficient opening for the purpose. In fact, no opening existed in the capsule at any point which would have allowed these portions of bone to make their way to the surface; while, on the contrary, an opening did exist at an unfavourable part, whereby the pus would drain away, and so there would be less chance of the formation of any favourably situated abscess. Nor if the dead portions had been removed is it at all clear that the ulceration which was progressing in the neck of the femur would have stopped. The operation of excision was therefore unavoidable, if the disease was to be treated at all.

In this very interesting case there are a few circumstances to be noticed which have a direct bearing on the general question of excision of the hip.

First, the occurrence of a disease presenting all the ordinary characters of the usual strumous disease of a joint, and yet commencing, not on the articular surface, but at or about the junction between the shaft and epiphysis. This is a very favourable condition for an excision of the hip; and as it can hardly be diagnosed in this joint before operation, we may fairly take the chance into consideration in making up our minds about excision. When I say it can hardly be diagnosed, I mean positively: obvious marks might be pointed out which would negative it. Such a disease, on the contrary, would be easily diagnosed in the knee-joint, where it would contra-indicate excision. The disease which affects growing bones at the epiphysial line—or the ulceration of the epiphysial cartilage, as the affection might be termed—is an interesting but rather obscure subject. I cannot assert that the present case was an example of this pathological condition; as, on the contrary, I believe that the disease commenced in the neck of the femur in the immediate neighbourhood of (but not at) the epiphysial line, and that the separation of the shaft from the epiphysis was a subsequent phenomenon. If the original disease had been situated in the line of junction of the neck and head, I cannot see why the neck should have been again perforated by ulceration lower down. The head, being separated from the shaft, seems to have perished from simple want of nutrition.

Another point which is illustrated by this case is the difficulty of pronouncing on the existence of dislocation, unless the head of the bone or its remains can be felt. Here "Nélaton's test," as it is called, would have led us to pronounce unhesitatingly on the existence of dislocation. Not only did no dislocation exist, but the condition of the joint was the very reverse; it was a condition in which the articular cavity, instead of being empty, contained (and must, I believe, have continued during life to contain) a large piece of dead bone, the source of permanent irritation which must at last have proved fatal.

Another point shown by the same case is the occasional (though rare) fallacy of crepitus as a sign of implication of the pelvis. In this case the crepitus was so clear and so extensive that I hesitated, in spite of the external appearances, to pronounce the joint dislocated, since it appeared to me unlikely that in a disease of so recent date the joint could have become totally destroyed, and the dorsum of the ilium also exposed and roughened by the contact of the displaced bone. The crepitus was, of course, caused by the loose fragments rolling about against the other exposed surfaces of bone.

On the whole, the occurrence, although only occasional, of such limited affections of the femur is an encouragement to operate in doubtful cases.

CASE 8.—*Extensive disease of the acetabulum.*—James T——, aged ten, was admitted into the Hospital for Sick Children on May 23rd, 1864. He had had symptoms of hip-disease for a year, and had been under treatment at St. George's Hospital for three months, wearing a leather splint. After this he had been able to walk well for three or four months, but had latterly got worse, and complained of severe nocturnal pain. He had no consumptive history, nor any chest symptoms, but looked well-nourished, and not much distressed. There was merely a little twisting of the pelvis; no displacement or shortening of the limb. But there was an abscess of considerable size, extending some distance from the trochanter, and very clear grating on passive motion.

The operation was performed on June 16th. The head of the bone, having been turned out of the wound, was divided through the great trochanter. It was denuded of cartilage, and extensively ulcerated. The acetabulum was very much diseased. A carious spot at its lowest part was gouged, and the bone, being removed from this surface, disclosed a sequestrum, the removal of which left a perforation in the acetabulum, the bone around which was much softened. This was gouged away till it was thought that healthy bone was reached, and thus a perforation was made large enough to admit two fingers,

* A case somewhat similar to the above is related by Mr. Bryant, "Surgical Diseases of Children," p. 130.

† I leave this as it was written, some weeks ago, in order to show that I am not disposed to claim success in these cases prematurely. The child has now recovered completely, the wound being soundly healed, and the limb movable in any direction. The shortening is greater than in Case 4, being about an inch and three quarters; but otherwise the limb is in a very similar condition. She can walk for a considerable distance with a stick, although with a very awkward limp. As yet, however (like the subject of Case 4), she has not become accustomed to the high-heeled boot.

and through which a dense resisting membrane was felt. Besides this, a smaller hole was also made, but the bridge of bone separating them felt so firm that it was left. Much matter escaped from the joint, which appeared to have been confined in the pelvis. The operation lasted a good time, but the boy was not much exhausted. He was placed in bed with the limb supported by sandbags, and a few days after the operation a 3 lb. weight was hung from the foot. No other apparatus was used. The case has proceeded uninterruptedly well up to the present date. He has never complained of any pain, never lost a night's sleep, or shown any symptoms of general fever. The discharge, which was at first very copious, rapidly diminished, and on July 26th it is noted that both the wound of the operation and another made lower down into the abscess are nearly healed. The extension by means of the weight has been continued; the shortening is only about half an inch. Up to the present time, however, little further progress towards cure has been made, and the words used to describe his condition in July give a tolerably accurate account of it now.

Queen-street, May-fair, 1864.

ON THE FEVER OF EAST CENTRAL AFRICA

ENCOUNTERED BY LIVINGSTONE'S ZAMBESI EXPEDITION.

BY CHARLES J. MELLER, ESQ.,

SURGEON-NATURALIST IN MEDICAL CHARGE.

(*Concluded from page 461.*)

SOME cases run their course from beginning to end in spite of everything, as the following cases will show.

M. Q., stout and of bilious habit, entered the Zambesi in February, 1862, and soon had slight attacks of shivering and sweating, disappearing within the hour. On April 21st he had bilious colic, which ran into remittent, to which succeeded jaundice, entire suppression of secretion, coma, and death on the 27th. The usual measures were resorted to, and additional calomel in scruple doses and other purgative adjuvants given, with nitric acid bath to induce skin action; all to no effect.

Our carpenter, R. F., a young man of strong constitution, who had enjoyed greater immunity from fever than his mates for eight months, had a remittent attack whilst our vessel, the *Pioneer*, was lying on a sandbank between the so-called Elephant marshes, where we were exposed to the miasmata of one spot for an unusually long period—five weeks. The health of the whole crew was affected. There was general loss of appetite, dulness, indisposition to move, and headache. R. F. had a full dose of the purgative on his symptoms becoming urgent, repeated with croton oil, as the constipation was obstinate. Tarry, fetid stools came away. From the first he felt stupid and heavy, with a sottish expression of face, though in health it was one of vivacity. He soon became delirious, incoherent, and restless; he had no sleep during the twelve days of his illness. Quinine was commenced in ten-grain doses after the bowels were relieved, but, though augmented and taken every three hours for two days before death, seemed to take no effect upon him. Intervals of consciousness occurred after delirium set in; but he gradually fell into a state of complete insensibility, on which coma supervened and death on the thirteenth day from that of attack.

Here the quinine appeared inert. He seemed "smothered out," as though from the action of a sedative poison. A post-mortem examination was made twelve hours after death, but with the exception of the spleen being somewhat enlarged and very soft, breaking down under slight pressure into a semi-fluid mass, there was nothing abnormal to be seen.

R. T., our geologist, entered the river in 1858, left it for some time to travel with Baron von der Decken more northwards, and returned to the expedition in 1862. During this time he had very good health, and no fever. He was accustomed to travel in his own boat; sleeping anywhere, and roughing it in all weathers. He abjured medicine in toto, and had not taken quinine since first coming into the country. In March, 1863, he undertook a walk of 150 miles to procure us supplies, and returned much exhausted. He complained of oppression and general distress caused by walking through miles of rank, high grass, in which the air was confined and moist. He recovered himself in a few days, with the exception of an anxious, harassed expression. A week after his return he was seized with colic followed by diarrhœa, yielding to measures used, but returning more severely after two days, when a full dose (one scruple) of calomel was given, and active treatment commenced. A sensation of cold accompanied the colic, and was followed by sweating; but there were no rigors or hot stage. The diarrhœa became excessive; stools watery, and, after three days, bloody; and the sweating became profuse, rolling off the forehead and face in large drops. From the first there was excitement of brain, and the harassed expression of face was mingled with one of apprehension, though he had no fear for himself. Quinine was pushed to cinchonism on the fifth day from that of attack. The diarrhœa continued excessive; he was always bathed in sweat; excitement of brain was progressive, and he could get no rest or sleep. Every astringent we had—gallic and sulphuric acids, hæmatoxylon, and others—were unavailably used to check the diarrhœa; nor could sleep be induced by any combination of stimulant and narcotic. He sometimes lay quiet for an hour or two, but described his condition as worse than sleepless, as he suffered from all sorts of mental panorama, and boiling, thundering noises in the head. The countenance became pinched and drawn, the skin of neck and fingers shrivelled (like washerwoman's fingers), eyes very bright, pupils natural, pulse becoming daily quicker and thinner. After eight days in this way, during which he could take but little nutriment, revolting from the slops we could procure, which were coarse and unpalatable, he began to lose warmth. The diarrhœa, however, ceased, though the sweating continued unabated; he thought himself out of the worst of it, and craved for wine and choice fare, of which we had none; but on the tenth day the pulse ran down, incoherency set in, and the temperature rapidly fell. Stimulants and derivatives failed to arrest the general failure; coma succeeded, and death on the morning of the eleventh day.

In this case, as in one already noticed, the fever seemed untouched by quinine; rigors continued after cinchonism was set up. The life was drained out of him by diarrhœa and sweating, colliquative from the first; in fact, the general symptoms and the peculiar expression the countenance assumed simulated those of an attack of cholera. The early implication of the brain rendered the prognosis unfavourable.

My own case paired with this one in mode of onset and general course. I incautiously slept on a mudbank, during a canoe journey, in a creek of the Quillimane river. The canoe was grounded on the thick mud at low water (tidal creek), and the canoemen waded waist-deep through the black mud to reach dry land. The Portuguese have a great horror against stirring up or sleeping near this mud, but I was not aware of this at the time. On the following morning, severe and long-continued rigors set in, and the ordinary symptoms of a sthenic attack, recurring each day for a week, in spite of repeated purging and full cinchonism. There was no vomiting after the first day. Medicines were retained, and the primæ viæ completely relieved. Fever persisted, but in mitigated form, for a fortnight, during which a second canoe journey was taken, to reach the mouth of the Zambesi, at which a man-of-war was expected to be met. I remained here a month, awaiting its arrival, having slight remains of the late attack from time to time, such as griping and slight diarrhœa, until the fifth week, when severe colic set in, acute pain over the liver, rigors, suppressed secretions, and intense pain in the head. A scruple of calomel was taken, but rejected; a second was retained without effect; and a third after three hours, during which griping continued and severe colic pains. No action being obtained, a mixture of jalap (ten grains) and rhubarb (twenty five grains) followed; also inoperative. The brain became affected during the second day, and no action of the bowels was obtained until the third, and not till a drachm of calomel had been taken, plus the jalap and rhubarb, and an ounce of crude native castor oil fresh from the berry. Profuse salivation ensued as one consequence, but the abdominal symptoms were relieved. There was from the outset as profuse sweating as in the last case. I was continually bathed in sweat for a fortnight, and, like R. T., could get no sleep; for the excitement of brain was progressive, with boiling, tumultuous, throbbing, and thundering sensations in head and ears. So soon as the bowels had acted freely, quinine was taken in ten-grain doses every six hours, night and day, suspended only on one day, when colic pains and constipation returned, and laxatives had to be used, after which the quinine was resumed. The brain excitement became intense; the slightest sounds were heard with painful acuteness, and the

ordinary tone of voice gave pain. This state of things continued for ten days, and by the twelfth an ounce of quinine had been taken without any sensible effect, and the general distress was at its climax. By direction, my Portuguese nurse blistered my whole scalp with acetic acid (the only vesicatory at hand); and some good came of it, for when the intense pain from the action of the acid had abated, a slight rest was obtained, and the boiling sounds were less violent and stunning. Sleeplessness and profuse sweating continued for twenty-three days, when a lull occurred, some rest was obtained, and after this an hour's sleep generally got out of the twenty-four. Cinchonism was not established until after quinine had been taken for a month, and when sweating had abated and a general amelioration had taken place.

During this illness I was so fortunate as to be within reach of supplies from the Portuguese at Quillimane, the distance being but ninety miles or so from where I lay, and was enabled to procure some wine and aliments when my own resources were at an end, and none could be got nearer. I attribute my recovery to the timely arrival of these aids, as much as the loss of two lives at a previous date from the want of them.

The more urgent symptoms subsided very gradually, and excitement of brain continued for months. A sea voyage and residence at the Cape conduced to improvement; but to the present time—twelve months after the attack—there have been frequent returns of sweating, vertigo, and stupor, congestive pains and inability to sleep, and continual derangement of digestive functions.

These cases could be multiplied, but the foregoing include the principal varieties.

In the subjoined table is given a comparison of the influence of the climate on Europeans and on natives.

Table to show Sickness of Complement, and Average Time on Sick List for each Man, between Nov. 1st, 1862, and June 30th, 1863, the time selected embracing a period when Europeans, Johannamen, and Natives were exposed to the same conditions.

Ship's complement.		1862, November.		1862, December.		1863, January.		1863, February.		1863, March.		1863, April.		1863, May.		1863, June.		Total days each man.
Names.	Age.	Attacks.	Days sick.	Attacks.	Days sick.	Attacks.	Days sick.	Attacks.	Days sick.	Attacks.	Days sick.	Attacks.	Days sick.	Attacks.	Days sick.	Attacks.	Days sick.	
J. R., carpenter	32	0	...	2	6	3	12	3	8	1	2	2	3	1	14	2	10	55
J. C., able seaman	30	3	5	1	2	2	5	2	20	3	9	0	...	1	5	1	2	48
J. K., botanist to expdn.	31	0	...	0	...	1	3	0	...	1	3	1	30	1	7	Left		43
J. P., stoker	26	1	1	1	2	1	2	0	...	2	5	2	6	2	6	2	3	25
C. N., A. B.	25	2	7	2	4	3	6	2	11	2	3	2	10	1	2	0	Left	43
T. S., carpenter	35	2	2	2	8	1	2	2	10	3	13	0	...	1	9	...	Left	44
T. M'G., quarter-master	24	2	4	1	3	1	5	2	14	2	2	3	17	1	3	...	Left	48
C. M., surgeon & naturalist	29	0	...	1	1	1	1	0	...	1	2	1	1	2	10	1	2	17
J. K., leading stoker	31	1	1	2	2	1	1	1	1	1	2	0	...	1	10	2	26	43
R. W., stoker	27	0	...	2	3	1	2	1	27	...	31	...	27	3	15	0	...	105
J. M'L., blacksmith	31	0	...	2	12	1	1	1	22	Invalided.		...	...	...	...	...	...	35
C. L., attaché	37	1	2	2	4	0	...	2	4	1	3	2	16	1	10	...	Left	39
R. T., geologist	25	0	...	0	...	1	3	0	...	0	...	1	11 (died)		...	...	...	14
W. R., engineer	33	0	...	0	...	0	...	1	1	2	4	1	1	3	7	0	...	13
E. Y., gunner	30	2	7	1	2	0	...	0	...	1	3	1	2	1	6	1	1	21
A. P., quarter-master	27	1	30	...	31	...	28	0	...	1	6	2	14	1	19	Died 18th		132
T. W., steward	24	1	4	4	8	0	...	0	...	1	2	2	2	2	11	1	3	30
D. L., in charge	50	0	...	0	...	0	...	0	...	0	...	0	...	1	20	0	...	20
		16	63	23	88	17	71	17	118	22	90	20	140	23	154	10	47	

And whole number of attacks into whole number of days sick = 5 days for each attack; and
Complement of each month into number of days sick each month = 6 days per month for each, or one-fifth of whole time.

The same applied to Johannamen.

——	1862, November.		1862, December.		1863, January.		1863, February.		1863, March.		1863, April.		1863, May.		1863, June.	
	Attacks.	Days sick.	Attacks.	Days sick.	Attacks.	Days sick.	Attacks.	Days sick.	Attacks.	Days sick.	Attacks.	Days sick.	Attacks.	Day sick.	Attacks.	Days sick.
10 Johannamen	None.		None.		1	20	1	14	1	7	1	30	1	6	None.	
	,,		,,		1	6	1	3	1	4 (died)		...	1	30	,,	
	,,		,,		1	2	1	10	1	7	1	4	1	4	,,	
	,,		,,		1	1	...	...	...	...	1	2	1	4	,,	

Or 10 Johannamen sick 59 days in 5 months
,, 9 ,, ,, 92 ,, 3 ,,
} 16 days each, or 1-35th of the whole time.

The same applied to Natives of Zamberi.

19 Zambesimen lost 43 days for 8 months, or little more than 1 per cent. for each.

This will give us an approximate idea of its unhealthiness; and the conclusion arrived at is, that so long as a European be exposed to the climate of the river-line of the country he must lose twenty per cent. of his time by sickness. The fever is no doubt modified on the high lands, but we have no conclusive data to form an opinion of the relative healthiness of the uplands compared with the river-line. The Cambridge and Oxford mission, composed of ten Europeans and some civilized Cape blacks, were located on a plateau 3000 feet above the river, but had to choose (for protection sake) a low, tree-enclosed, unhealthy spot to live in. Whilst there they had much dysentery and fever, but no one died. Later, the mortality amongst them was great. Of the ten, four died, and three had to be invalided. Two of these deaths might be called accidental. The Bishop and a reverend companion, whilst journeying on the Shiré in a canoe, were upset, lost food and medicines, travelled

on (wet) to their destination, and came to their deaths by fever, having nothing to offer in resistance. The other two died of remittent at the mission station on the banks of the Shiré.

The Johannamen with whom a comparison is made were natives of the Comoro Islands—hybrids of Arab and Negro, or Moslem Negroids, as Captain Burton is pleased to designate their class. The unaccustomed working in the damp and wet, whilst woodcutting or at boat-work, gave them dysentery; but they had little fever. And the natives of the country itself—the Zambesimen—had almost perfect immunity; their indispositions generally arising from indiscreet over-gorgings at hippopotamus feasts and the like.

The high per-centage of sickness amongst Europeans would no doubt have been less had due regard been paid to the commissariat department, in which we were sadly deficient for the greater part of the time spent in the river; so that, before a man's strength could be properly restored, he suffered again, and became further incapable of resisting the fever.

Individual travellers must of necessity depend on the country through which they pass for their daily supply, and be at the mercy of their digestion if the fare be coarse and indigestible; and much of their success must doubtless depend on the facility with which they can accommodate themselves to circumstances. In Dr. Livingstone's former travelling he was not encumbered with a body of Europeans, and could generally get ample supplies for himself and his black company. A steamer full of Englishmen, however, could not be so easily provided for; and the remissness that left us insufficiently provisioned, when out of reach of government stores, and in a famishing country, went far to account for the high rate of sickness, and the ultimate failure in achieving the objects we were contending for.

As to the efficacy of quinine. We have had proof that it would not avert fever, though taken with the greatest regularity in small or large doses. It may possibly modify the attack. I have adverted to this before, and noticed that in our first journey up the river all the men in the ship but six took quinine regularly; the six were older hands than the rest, and refused it, but had less fever than the others. Of fifty-four men who came from the *Gorgon* but six left the river without having had fever, though quinine was given to them in the "Admiralty dose" every morning; and of these six, five subsequently suffered. Later, the daily use was discontinued in the expedition, but without any increase in the number of cases. But as we had no doubt of its inefficacy as a prophylactic, so had we as little that fever would not pass away without its use, though, as we have seen, it will often go on to a fatal termination in spite of its administration in any quantity.

Admiralty regulations require that every man shall take quinine when the ship is within a certain distance of the east and west coasts, and that it shall be regularly continued in eight-grain doses every morning to those boat-cruising along the coasts, or in the rivers and creeks. A great deal of quinine is no doubt expended every year in this way, and, if the conclusions drawn from Zambesi experience be correct, uselessly. Should the Director-General of the Medical Department of the Navy come to think so some day, a saving may be made in the apothecary's account, and to the British sailor a great deal of unnecessary nausea. Further experience has confirmed me in the opinion, previously expressed, that a far better prophylactic than quinine exists in the use of a stimulus, such as a glass of rum, given at sunrise; from four to six A.M. being the period at which the greatest cold is experienced, and, in consequence of the depression of the vital powers, the men are more liable to malarious influences.

MONUMENT TO THE MEMORY OF DR. GRIERSON.—The members of the Bombay medical service have erected a monument to the memory of the late Dr. Grierson, in the Presbyterian Burial Ground, Poonah, bearing the following inscription:—"In memory of David Grierson, M.D. Edinburgh, who was born at Logan, in the Stewartry of Kircudbright, on the 22nd September, 1809, and died at this station, when Deputy Inspector-General of H.M.'s hospitals in this division of the army, on the 6th January, 1863. His brother medical officers have erected this tomb to mark their regard for his personal worth, and the good name which he has left behind." During the whole period of Dr. Grierson's employment in the medical service of this presidency, which commenced in 1832, he was greatly distinguished for his sterling Christian principles, his pure and amiable character, his faithful and successful discharge of his professional duties, his able and zealous scientific research connected with the sanitary improvements, and his philanthropic efforts directed to the benefit and relief both of his countrymen and natives of India.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. MARY'S HOSPITAL.

OPHTHALMIC DEPARTMENT.

CASES OF STRABISMUS SUCCESSFULLY TREATED; WITH CLINICAL REMARKS.

(Under the care of Mr. ERNEST HART.)

WE recently recorded some cases treated in this department by Mr. Hart, in which squinting, with double images, was treated successfully by the use of prismatic glasses, causing an incomplete coalescence of the images, and so calling upon the insufficient muscle for such an increase of exertion to unite the images as was within its reach, and tended to strengthen it. In remarking lately upon some cases of strabismus, Mr. Hart referred again to this subject, observing that there were two things which he wished the pupils to note in reference to this matter. That the method would not be likely to succeed where the prism needed to produce coalescence of the images was of an angle exceeding 10° to 11°, nor was it called for where the patient could by his own effort unite the images. On the other hand, it was a method always worth trying within these limits; and Mr. Hart gave the details of the case of a patient sent to him by Mr. G. B. Times, who was thus relieved and cured after having lost heart and declined to submit to an operation which was arranged for him elsewhere. He observed, however, that these were cases of exceptional character and interest, and such as only rarely occurred in special practice, still more rarely, therefore, in general practice.

Mr. Hart then called attention to some of the optical conditions present in several ordinary cases of converging squint, such as come under daily observation. He referred to the axiom which Donders has established satisfactorily in relation to the origin of squint, that convergent squint may in the immense majority of cases be traced to an anomaly of refraction—hypermetropia of the eye. When hypermetropia goes beyond a certain point, distinct vision is only effected by a strain on the accommodation; and it is to assist in the effort at accommodation that undue convergence of the optic axes is produced by an involuntary effort of the internal recti. Mr. Hart pointed out an example of this mode of origin of converging strabismus in a female child aged nine years, who squinted only occasionally. This form of squint, known as "periodic squint," he remarked as the most common commencement of converging strabismus. The squint occurred whenever the child was made to look at any object intently—that is, to gaze at it so as to make out its details distinctly; because at that moment a certain strain was put upon the accommodation, and undue convergence was used to aid the accommodation. Here then was a case, like many that would be found in ordinary practice, precisely corresponding to Donders' formula: "Hypermetropia determines accommodative asthenopia, which is actively overcome by converging strabismus." Here was a strabismus caught, as it were, in the period of its genesis; and these cases of periodic strabismus—which, if left alone, run into permanent strabismus—might be cured without operation by correcting the defect of refraction in which they originated. Thus, in the case which formed the occasion of these remarks, Mr. Hart had a drop of a strong solution of atropine dropped into the eyes, the solution being of a strength sufficient to paralyse the accommodation completely. The object of this proceeding is, by removing all power of accommodation, to remove also the sources of fallacy in testing the degree of hypermetropia. An accessory result of much interest, however, occurs in such cases, and is useful as a practical assurance to the surgeon unaccustomed to

such investigations that he is on the right path. The accommodation being paralysed, the spasm of the internal rectus, which was co-ordinate with accommodative exertion, ceases also, and the periodic squint disappears. So that, he thought, a sort of practical rule of this kind might be deduced for those unwilling to encumber themselves with details: *that whenever periodic squint disappeared after the instillation of a drop into each eye of a solution of atropine of the strength of one grain to two drachms of distilled water*, the squint depended entirely on hypermetropia, and might be cured by the use of appropriate glasses. Later, the squint becomes constant, and then the operation of tenotomy of the rectus is necessary. After performing tenotomy for cases of converging constant strabismus—an operation which now admitted of more accurate adaptation and yielded more perfect results than perhaps any other in surgery,—it was still necessary to examine the refractive power of the eyes, because a high degree of hypermetropia tended to reproduce strabismus after tenotomy, and it might be found very necessary to require the use of glasses for reading, writing, or working.

Mr. Hart then referred to the popular opinions as to the causes of strabismus, which include convulsions, teething, specks, congenital contraction of muscles, &c. These have proved, since Donders' researches opened up the way to a more complete insight into the etiology of the defect, to be in a large number of cases illusory, or accessory to the dioptric disorder. Inequality of vision associated with hypermetropia or corneal specks (in that relation) powerfully aid in the production of strabismus. The prejudice which sometimes exists against interfering in cases of squint in childhood was much to be regretted, as the periodic squint of childhood soon passes into constant squint, and the eye most affected passing out of use becomes truly amblyopic.

ST. BARTHOLOMEW'S HOSPITAL.

OPERATION FOR THE RELIEF OF CONSTANT AND SEVERE PAIN IN A CASE OF ACUTE MAMMARY SCIRRHUS.

(Under the care of Mr. LAWRENCE.)

CONTINUOUS, agonizing, and wearing-out pain, that resists all attempts to produce relief by the most powerful anodynes, and which causes suffering that is most distressing to witness, justifies the adoption of almost any means to afford relief, be it even for a short time only. A case of this kind is now in St. Bartholomew's Hospital—a woman fifty-six years of age, who was admitted on the 6th of October with cancer of the right breast of six months' duration; but so rapid had been its progress, especially during the last few weeks, that it involved the entire gland, and presented a large and prominent mass of the acute form of the disease, with projecting tubercles, one of which on the left side was on the eve of bursting; and so continuous was the pain, that the patient anxiously solicited its removal. Mr. Lawrence remarked that, setting aside altogether the question whether the case were favourable for operation or not, he was determined to accede to the patient's request, and remove the affected breast solely to relieve her from suffering. The slightest examination of the breast induced pain; the countenance expressed anxiety, nervousness, and wretchedness, from sleepless nights and equally sleepless days; there was no desire for food, and emaciation was beginning to tell its tale. Such circumstances as these demand active surgical measures, not only to prolong life, but to render it free from suffering. Accordingly, on the 21st ultimo, chloroform having been administered by Mr. Lloyd, Mr. Lawrence proceeded to remove the mass of disease, which involved a portion of the integuments. There was not so much hæmorrhage as might have been expected, considering the acute character of the malady and its inflamed external appearance; nevertheless a large number of small vessels required ligature, which rendered the operation tedious and prolonged—in part due to the time taken by the operator in tying most of the vessels. During the operation, and especially at the early part of it, the subclavian artery was compressed with the finger, with the object of diminishing the free hæmorrhage that was expected. The wound was closed, and the patient sent to bed.

Oct. 29th.—The result of the removal of the diseased breast has been most gratifying, for pain has wholly disappeared, comfortable sleep has been gained, the appetite has returned, and the patient's spirits and hopes have so improved that she can scarcely be recognised as the same person. It may be asserted that she has uninterruptedly progressed without an unfavourable symptom. The wound is rapidly filling up, the discharge is healthy, and there is fair promise of an early cicatrization.

When we again saw her, two or three days back, all the favourable conditions just mentioned were still present; and an immunity from the disease will be experienced, it is to be hoped, for some time to come.

ST. GEORGE'S HOSPITAL.

DELIGATION OF THE COMMON CAROTID ARTERY FOR HÆMORRHAGE RESULTING FROM ULCERATION, IN A CASE OF ENLARGED CERVICAL GLANDS.

(Under the care of Mr. HENRY LEE.)

LIGATION of the carotid was an operation necessitated by circumstances in the following case, as explained in the details. A sloughing wound, by extension of the ulcerative process, involved the sheath of the common carotid, and penetrated the coats of the vessel, when dangerous hæmorrhage ensued. The operation was one of difficulty from the rotten state of the tissues; and although it accomplished its desired end, the patient died from exhaustion two days afterwards.

Joseph L——, aged thirty, was admitted on the 31st of August last, with a large tumour of the neck. He stated that eight months ago, after a very bad sore-throat, he noticed a small lump just below the angle of the jaw. It had continued to increase ever since, so much so as to inconvenience him. He had also lost flesh lately. The tumour occupied the left side of the neck, extending from the posterior border of the sterno-mastoid muscle behind to the median line in front, and from the lower jaw, which it slightly overlapped, to the level of the cricoid cartilage below. It did not appear to have any connexion with the lower jaw, over which it freely moved. The larynx and pharynx were pushed over to the opposite side, and appeared to move with it; and, on looking into the throat, there was found to be bulging on that side. It was unevenly lobulated, hard, and fibrous to the touch. There was neither dysphagia nor dyspnœa.

Sept. 3rd.—An opening an inch long was made into the tumour, and it was found to consist of a solid mass, except in one spot, where there was a small sac containing a few drops of pus. The mass was broken down by the finger, and a piece turned out. It was found to consist of a whitish brain-like matter, rather harder, however, than encephaloid cancer, and not so juicy. The microscope showed a number of oval, regular, compound cells, some of them having the cells in their interior; they were nucleated and nucleolated.

5th.—There was much febrile excitement. The wound looked sloughy, and was surrounded by a patchy redness of a purple tinge. He was ordered carbonate of ammonia and cinchona, and four ounces of brandy; also a linseed poultice.

The wound continued in a sloughy state, with abundant and extremely offensive discharge, till the 9th, when his brandy was increased to six ounces, and he was ordered a lotion of permanganate of potass. From this time the tumour began to decrease in size, and the wound became cleaner, though there was still abundant purulent discharge, till the 16th, when the note states—"tumour very much decreased in size, wound clean and granulating."

18th.—At three o'clock this morning, without any warning, a sudden gush of blood took place from the wound. Mr. H. Lee, who happened to be in the hospital at the time, immediately laid the tumour open from top to bottom, and turned out a quantity of *débris* and broken-down tissue. The common carotid artery was found ulcerated into, and the jugular vein lying exposed at, the bottom of the wound. An attempt was made to tie the artery at the seat of ulceration; but it was found too rotten, and to break away. The incision was, therefore, carried downwards, and the artery dissected back and tied in a sound part. A ligature was also put on the distal extremity, and likewise on the vein. The patient was extremely faint from loss of blood, and almost pulseless.

19th.—Has passed a quiet night, with no more hæmorrhage. There is very little pulse to be felt at the wrist. To have as much brandy and beef-tea as he can take.

20th.—He became weaker and weaker, and died at half-past ten P.M.

Autopsy, sixteen hours after death.—On following up the

carotid artery from the aorta, it was found that the vessel came to a termination at about the position of the bifurcation. Close below this was a ligature still attached to the vessel. At about an inch nearer the orifice of the artery was a sharp severance of the inner coats, so that at this spot the continuity of the vessel was only maintained by its outer coat. It was evident that the ligature had been first tightened here, but that it had slipped along the vessel and had been finally tied in the position described. In addition to this ligature there were two others, one upon the external and one upon the internal carotid artery. The inferior ends of these vessels, to which the ligatures were attached, were loose in the wound. All the arterial coats were natural in their character. The superior half-inch of the common carotid contained a fibrinous coagulum; the tissues surrounding this part of the vessel were adherent to it. In the wound and around it were several white lumps as large as nuts, which resembled absorbent glands. One or two of these were suppurating, so that small quantities of pus were imprisoned here and there amongst the tissues. Under the microscope nothing was found at all resembling malignant matter; on the contrary, the structure was that of absorbent glands. The right lung was surrounded by old and recent adhesions, and the greater part of the organ was in a state of diffuse suppuration. The left lung simply contained frothy fluid.

GUY'S HOSPITAL.

CANCEROUS CONSTRICTION OF THE ASCENDING COLON; AMUSSAT'S OPERATION; FATAL RESULT ON THE SIXTH DAY.

(Under the care of Mr. DURHAM.)

IN a most philosophical consideration of the subject of Amussat's operation in the last edition of Erichsen's "Science and Art of Surgery," it is stated that in those cases in which death has resulted from it, peritonitis does not appear to have exercised any material influence, and the fatal result seems to have rather depended on the influence of previous disease on the constitution of the patient, or on changes taking place in the diseased bowel, than on the operation itself, which appears occasionally to have been uselessly done at the last extremity. In Mr. Durham's patient the relief afforded was most decided, yet he died on the sixth day, not from peritonitis, but no doubt from the depressing effects of the constitutional malady itself, the result of the extensive cancer in the bowel. The description of the latter, as taken from the post-mortem records of Dr. Wilks, is most important and instructive.

Wm. C——, aged twenty-seven, admitted August 22nd into Luke ward. He had been in hospital before with symptoms of obstruction. On the last occasion they had so increased that it was evident that the intestinal passage was almost closed; at the same time the abdomen became much distended. It appeared from the symptoms as if the constriction was low down, and this suggested an operation. In the epigastrium, over the region of the colon, a lump was felt, and it was thought that here possibly was the seat of disease. On the day after his admission Mr. Durham performed Amussat's operation. A little difficulty was experienced when the gut was exposed, from its walls being thickened, so that a slight incision failed to penetrate them. When opened there was a large fæcal evacuation. He expressed himself as much relieved, but died on the 29th rather suddenly.

Autopsy, twenty-eight hours after death.—The disease in the gut was quite local. The intestines were distended with gas. The contiguous portions were highly vascular, as seen in peritonitis; so that it is probable the patient had succumbed at the very onset of the inflammatory process. The small intestine was distended also in part by liquid fæcal matter. The colon was very much contracted in the descending, transverse, and upper part of ascending portion. It contained hardened scybala, and therefore it is probable that the lump felt in the transverse arch during life was merely a fæcal mass. The disease was evidently in the *ascending colon*, in the neighbourhood of the operation. The cæcum and commencement of the ascending part were much enlarged, and felt like a hard mass of disease. When removed, a large *projecting cancerous tumour* was found growing from its interior, at about the middle of the ascending portion and over the kidney. It grew all around, but was composed principally of two masses, each the size of a small egg, somewhat narrower at the base than at the summit, and circumscribed in their growth. When placed under water, the surface was seen to be very shaggy and vascular; and the microscope showed that the surface was composed of villi with looped bloodvessels. The cæcum, and a small portion of the ascending colon which intervened between the cæcum and the seat of the disease, were much distended, as was also the ileum which joined. The walls of the latter were of great thickness, and the muscular coat most remarkably hypertrophied. At the same time, the colon beyond the seat of disease was contracted and its walls thin; so that the contrast between the colon and the ileum was most striking, the latter being much larger and thicker than the former. As regards the operation, the incision had fortunately been made just below the seat of disease (i. e., below as regarded its position in the body, but just above the stricture as regards the course of the intestinal canal), and thus the relief sought for was obtained.

ST. THOMAS'S HOSPITAL.

TWO CASES OF STRANGULATED HERNIA, ONE REQUIRING OPERATION, THE OTHER SUCCESSFULLY REDUCED; CLINICAL REMARKS.

(Under the care of Mr. LE GROS CLARK.)

A MARRIED woman, aged forty-four, was admitted on the 29th of December, 1863, with strangulated femoral hernia on the left side. The rupture had descended on previous occasions, but had always been reducible until five days previous to her admission, when it resisted the taxis, and she has since that time suffered great pain, with sickness and constipation. When admitted she was so feeble that she could scarcely stand. Pulse 80, weak; tongue coated; painful constriction across the abdomen; tumour small, firm, and exquisitely tender; hiccough and offensive vomiting. Purgatives had been administered, and the taxis had been tried. This patient had never worn a truss.

The usual operation was performed immediately, the hernial sac being opened, and a knuckle of small intestine, of a claret hue and almost lustreless, was exposed. On dividing the stricture this was readily returned into the abdomen. The sac contained bloody serum. On the following day she was relieved of the abdominal pain and constriction; but the stomach continued to reject food or anything taken. The belly tumid; pulse feeble. A little wine was ordered, and a mild aperient draught with ammonia. The tension of the abdomen continued, and the bowels remained unrelieved for four days, although injections were given, and a rhubarb-and-aloes draught was repeated. Vomiting at intervals also continued. Friction over the abdomen with soap liniment, and subsequently with castor oil, was followed by relief of the bowels and partial mitigation of the symptoms. After the sixth day the extreme tension of the abdomen subsided, and she rapidly improved under a generous diet, and made a good recovery.

Mr. Le Gros Clark, in his clinical remarks, observed that this case was a type of a very common class of cases admitted into our hospitals. Acute strangulation, wasted time, and consequently urgent symptoms, rendered it doubtful whether it were not too late to afford relief by operation. Bloody serum in the sac, and a deeply congested and almost lustreless intestine, bore witness to the firmness and long continuance of strangulation. It was long before the symptoms excited subsided, and the intestine involved resumed its normal condition and function. The tension of the abdomen demanded relief earlier than it was usually wise or safe to give an aperient. Friction certainly aided the action of the bowels, and was a valuable adjunct when persisted in, and where the belly was tympanitic. Few operations, in his experience, were more generally successful than those for strangulated hernia, where not deferred too long, and where previous rough manipulation had not complicated the effects of strangulation. The maxim should be to operate early; and whether the sac be opened or not was a secondary consideration, though he thought it safer as a rule to do so than to leave it undone.

A female aged twenty-nine was admitted on May 9th, 1864, with strangulated femoral hernia. The rupture had existed for four or five years, but had always been reducible except on one occasion, when it was temporarily strangulated, and since which time she has constantly worn a truss. On the morning of her admission the hernia descended, and the symptoms indicating strangulation were very urgent, abdominal pain and sense of constriction, with faintness, being attended by retch-

ing. The tumour was as large as a small egg, hard, resisting, and tender. The taxis was tried both before and after a warm bath, but without effect. An assistant was then directed to stand on the bed, and to raise the lower extremities of the patient by placing the hands under the hams, so as to throw the weight of the trunk upon the shoulders, and to place the abdomen on a level above the chest. The taxis being simultaneously applied, the rupture was thus easily reduced.

Mr. Le Gros Clark observed, in his remarks upon the case, that the principle on which this method of reduction acted was simple and intelligible. By adding the traction of gravitation to the force of pressure, the intestine was drawn as well as pushed into the abdomen. He had succeeded on several occasions by this method in recent and acute cases, where the taxis, applied in the ordinary way, had failed.

Reviews and Notices of Books.

Clinical Lectures and Reports by the Medical and Surgical Staff of the London Hospital. Vol. I. London: Churchill and Sons. 1864.

THE London Hospital has for so many years been celebrated for the practical surgery which its situation at the east end of London, and in close proximity to the docks and large manufactories, gives such scope for, that the advent of a volume of reports from its staff was naturally looked forward to with interest by those who are engaged in the treatment of important surgical cases. Great, however, as are the merits of these Reports, we regret to have found ourselves disappointed in this respect in the perusal of the present volume.

It is curious to note that one-half of the five hundred pages of which the book consists is taken up by two authors (Mr. Hutchinson and Dr. Jackson), and principally with the discussion of *special* subjects—viz., skin disease, amaurosis, and cerebral affections, the illustrations being drawn from the *special* establishments with which those gentlemen are connected, and *not* from the London Hospital. Mr. Hutchinson gives an account of Leucoderma, illustrated by the case of a boy who was supposed to be the subject of bronzing of the skin from Addison's disease, when in fact he was suffering from an affection of a common character, in which *white* patches were developed on a healthy skin. Mr. Hutchinson records eight cases of this curious malady, four of which were in the London Hospital within a few months. His paper is very able, and is beautifully illustrated. In another part of the volume is a clinical lecture on Relapsing Pemphigus, delivered in March, 1864, which Mr. Hutchinson illustrates by reference to two cases in the London Hospital, and eighteen which he published ten years ago from other sources. The conclusion he has arrived at in the matter of treatment is that generally received—viz., that arsenic may be considered specific in the disease. The paper on Cerebral Amaurosis by the same gentleman is a long one, containing as it does the histories of sixty-six cases, many, if not most, of which appear to have been seen at the Moorfields Ophthalmic Hospital, to which the author is attached. If we are wrong in this conclusion, we can only say that it is most extraordinary for a surgeon of a *general* hospital to meet with this large number of cases of a not very common affection in the few years that Mr. Hutchinson has been attached to the London Hospital. These cases are reported "more especially with reference to that form of amaurosis supposed to be connected with the use of tobacco." They supply a most valuable mass of clinical evidence, but the only conclusion which can at present be drawn from them is the rather lame one in the author's own words, "that a large proportion of those who suffer from it *have* smoked." Mr. Hutchinson's other contributions are a Clinical Report on some Cases of True Leprosy, and a few short extracts from clinical lectures.

Dr. Hughlings Jackson's elaborate and able contributions are all upon diseases of the nervous system, owing, doubtless, to his connexion with the Hospital for Epilepsy. The first is a lecture on the Study of Disease of the Nervous System, followed by a paper of Illustrations of Diseases of the Nervous System, and one on Loss of Speech. The cases collected by Dr. Jackson are highly interesting, particularly those illustrating loss of voice from various causes, but are almost entirely from the Hospital for Epilepsy and Paralysis. Dr. Jackson's and M. Broca's views respecting the relation of speech to certain convolutions of the brain, which are given at some length, well deserve recognition and investigation at the hands of our pathological anatomists, and are skilfully treated here.

The other half of the volume is made up of various papers by different members of the staff of the London Hospital, and are of very variable length and interest.

Dr. Herbert Davies contributes a case of Aneurism of the Innominate and Subclavian Arteries (illustrated by a lithograph of the dissection) which is particularly interesting from the fact that the subclavian artery was found obliterated beyond the disease, and that, therefore, ligature of the carotid artery, had it been performed, would in all probability have effected a cure. Dr. Davies also contributes an important clinical lecture (illustrated by a series of tables) on the Treatment of Rheumatic Fever in its Acute Stage by Free Blistering. Dr. Davies's view is that by blistering is afforded a ready means of exit for the animal poison through the serous discharge from the blistered surface above each inflamed joint, and thus mischief to the heart is obviated. The cases, most carefully reported, each in a tabular form, support by their successful results the view propounded. Dr. Ramskill's paper, although not lengthy, is one of the most able contributions to clinical medicine which we have seen for some time.

Dr. Andrew Clark contributes some original Gleanings from the Field of Observation, which have reference principally to certain conditions of the urine and its examination. Mr. Little narrates his experiences of the campaign of Schleswig, respecting which he made some interesting communications to the columns of THE LANCET whilst actually on the field. Mr. Curling gives some Rare Forms of Fracture and Dislocation of the Vertebræ which have occurred at various times in the London Hospital. Mr. Couper narrates a Case of Strangulated Hernia in which no sac was present, and a Case of Old Dislocation of the Lower Jaw. Mr. Maunder contributes some cases of Hospital Gangrene, of which there has lately been an epidemic in the London Hospital, and also some Miscellaneous Cases of mixed interest.

Perhaps the most instructive portion of the volume, as respects the surgery of the London Hospital, is the Statistical Table at its end, and from it we gather that, notwithstanding its unaccountable neglect in this volume, the surgery of every-day life is represented as fully as ever in the wards of the hospital, as evidenced by the following data:—In 1863, lithotomy was performed fifteen times, with only two deaths; eight cases of trephining occurred, with four recoveries; twenty-seven strangulated herniæ were operated on, of which twelve died; there were ten amputations of the thigh, with six deaths, and twelve of the leg, with seven deaths; last, but not least, 2396 cases of accident were admitted as in-patients!

The volume is one of great interest, and very creditable to its authors, but it is singular that a series of "London Hospital Reports" should be reinforced by such large draughts from other sources.

The Significance of Dropsy as a Symptom in Renal, Cardiac, and Pulmonary Diseases. Being the Croonian Lectures for 1864, delivered before the Royal College of Physicians of England. By W. R. BASHAM, M.D., Senior Physician to the Westminster Hospital, and Lecturer on the Principles and Practice of Medicine. pp. 86. London: Churchill and Sons.

THE objection to the employment of the microscope in pathology, that it sometimes tends to divert the attention of

the observer from general conditions by concentrating it upon minutiæ, cannot be urged against the contents of this little volume. It is, indeed, from an observation of the structural changes in cells invisible to the naked eye that the author shows the general organic degenerations in diseases which it is often customary to associate with one particular function. Dr. Basham finds that in Bright's disease, co-existent with the altered condition of the glandular epithelial cells of the kidney deterioration of a strikingly analogous character goes on in the bronchial mucous membrane, the serous covering of the heart, the liver, and even in the epithelium of the mouth, throat, and alimentary passages. From a consideration of such facts he is led to the conviction "that the agency of deterioration in renal dropsy is not a local agent, manifesting itself only in renal cells, but that it is some widespread depressing influence, pervading the organism." The rapid progress of dropsy throughout the textures of the body is thus more easily explained. The myriads of deteriorated cells which are constantly being formed in all parts as a result of this organic change present a powerful means for this diffusion by their property of inhibition. The author is disposed to regard the presence of albumen in the urine, in chronic cases at least, as a secretion derived from the abortive casts or from the disintegration and rapid breaking up of imperfect cells.

In cardiac dropsy also mere mechanical obstruction is insufficient to explain the rapidly increasing collection of fluid. As in the renal affection, Dr. Basham finds here likewise a general deterioration of tissue, which throws great light upon what has always been felt as a very difficult subject for explanation.

It is very much in favour of Dr. Basham's views of the significance of dropsy that they lead him to a line of treatment of the disease which is in accordance with the most advanced opinions of the day. His aim is ever towards the improvement of the general nutrition of the body, and he avoids, as a necessary consequence, indeed, of the widespread disorganization which he points out, the ruthless attacks formerly employed against a particular organ, which is really only one out of many similarly affected. His book is short, concentrated, and eminently suggestive. It will well repay a careful perusal by all who are interested in following out the important field of research so ably instituted by Virchow in his "Cellular Pathology."

SEIZURE OF THE NECK OF THE CHILD BY THE UTERUS DURING THE CÆSAREAN SECTION.

To the Editor of THE LANCET.

SIR,—In reading the proceedings of the Obstetrical Society reported in THE LANCET of the 22nd of October, I observed a discussion on a case of Cæsarean section which happened in 1837, and found in the papers of the late T. E. Bryant, Esq. Dr. Playfair remarked, "that in the only case which he had witnessed, a difficulty was met with which he had not seen alluded to in descriptions of the operation, and which certainly had not occurred in the case under discussion, nor apparently in any of those described by Dr. Greenhalgh. In the case in question, the uterus was opened near the fundus, and although no time was lost in removing the child, still the uterine parietes contracted with such rapidity and force that the head was caught in the incision, and some difficulty occurred in extracting it and the placenta."

Every cause likely to destroy the life of the infant during the performance of the Cæsarean section deserves to be fully understood by the operator, as the preservation of its life is one of the strongest incentives for its performance. And the chance of seizure of the neck of the infant, and powerful resistant retention of its head by the excited uterine parietes, is not noticed in any of the systems of midwifery extant in this country.

I have already, several years ago, drawn the attention of the profession to this occurrence. In a case of Cæsarean section performed in 1821, and published first in the *Edinburgh Medical and Surgical Journal*, and afterwards in the *Provincial Medical and Surgical Journal*, vol. xv., page 426, 1851, "the body" (of the child) "was extracted with the greatest ease until the shoulders came to pass, when the uterus suddenly and powerfully contracted, and grasped the child's neck and left arm so strongly that" it could not be liberated, although great force was used. In another case related in the same volume of the same journal, page 287, a similar event happened, although precautions had been taken to prevent it. The body of the infant was cautiously and expeditiously drawn forth "until the neck came to pass, which was then firmly grasped by the uterus, and the head thereby detained." "The womb had an appearance as if it was indented, and strongly reminded us of its condition in hour-glass contraction." Dr. Playfair thinks that this inconvenience might be avoided by making the incision nearer the lower part of the uterus, instead of at the fundus; but in my opinion there must be some other circumstance to provoke this spasmodic contraction; and in the remarks appended to the cases above referred to, I have ventured to attribute it to detachment more or less of the placenta.

"In natural labour, we well know that as soon as the placenta is detached the energies of the fundus and body of the uterus are aroused, and contraction follows, and is continued until this mass is expelled." (See remarks.)

Analogy led me to form this opinion; and if true, it is important for the operator to previously ascertain the exact location of the placenta, and avoid if possible either inflicting injury upon it, or causing its separation until the infant is removed. In my obstetric address on the Cæsarean Section, &c., delivered at the meeting of the Provincial Medical Association (now British) at Manchester, September, 1854, I gave a tabulated statement of the position of the placenta in all the published cases in which it was given, and I am led to conclude that my opinion is correct.

The incision ought to be made neither to extend too much towards the fundus or towards the cervix uteri. The length of the wound, after the contraction of the womb, will be greatly influenced by a judicious incision: if too much into the fundus, the wound will be gaping, and not in a favourable position for union; and if the cut is made too low into the cervix uteri, as this part is more a dilatable, and not so much a contractile, portion of the organ, the wound will be left considerably longer.

Dr. Playfair does not say if the case he refers to is published, but if so, he would greatly oblige by stating where it can be found.

I am, Sir, your obedient servant,

Manchester, Oct. 22nd, 1864. THOMAS RADFORD, M.D.

THE METROPOLITAN CLUB.

To the Editor of THE LANCET.

SIR,—Now that there seems some chance of establishing a club which is to have its root in the medical profession, will you allow me to offer a few suggestions to those who may be actively engaged in starting this very desirable institution.

The first idea I would offer is, Why should we not attempt to bring the scattered medical societies of the metropolis under one roof?

The second is, Why should we not also lay the foundation for a library and museum, to become the special property of the profession and patrons, who might have either annual, life, or descending interests, according to the extent of their subscriptions and donations, or contributions to endowment?

The third is, That there is no valid reason why all the advantages of a club should not be combined under one roof with the conveniences and arrangements for scientific meetings.

The fourth is, That the club-house should be built with dormitories for the convenience of country members.

The details arising out of this comprehensive plan might be ably and amply provided for by a skilful architect, so that all contemplated in the design might be made to work harmoniously. I would also suggest "The Alexandrian" as the title.

I am, Sir, yours obediently,

Nov. 1864. M. D.

HOSPITAL SUNDAY IN BIRMINGHAM.—On Sunday last, the annual collection was made in all the churches and chapels in Birmingham, in aid of the charitable institutions in that town. The amount reported as received up to Tuesday evening was £2350.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 5, 1864.

In years gone by, the relation of the medical profession to the community at large was essentially of a private and personal character. The sick appealed in their time of trouble to those from whom they had learned to expect assistance and advice. The healthy saw in the medical practitioner a needful auxiliary in the evil hour of sickness, but one with whom, in his professional capacity at least, they had no relations so long as they were blessed with health. The temple of Medicine, like that of Janus, which was closed in times of peace, only opened its doors when war was declared against disease. Under these circumstances it is hardly surprising that the profession was left unrepresented in the Legislature. The medical man, like any other citizen, enjoyed the advantage of aiding in the choice of a representative in Parliament for the locality in which he lived; but there was no special reason why his profession should occupy a more distinct place in the ranks of our legislators.

In this respect a great change has taken place during the last few years. Medicine is no longer but a private and personal luxury. It no longer contents itself with efforts to repair the ravages of disease. It seeks now to prevent that which was formerly considered inevitable, and its aid is brought to bear upon a constantly increasing number of social questions of vital consequence to the community. Not a year passes but a large number of Bills are brought before the House of Commons in which medical science plays a more or less important part. It is sufficient to point to the subjects of vaccination, health of towns, contagious diseases prevention, custody of lunatics, as striking examples amongst others of the extending influence of medicine in the legislation of the country. Besides the more peculiarly medical questions which are thus brought into consideration, there are constantly others concerning the employment of labour, education, criminals, colonies, paupers, &c., in which the medical element figures, and the full bearing of which is likely to be misunderstood without professional assistance. Are we sanguine enough to believe that the great and much-needed enactments in subjects of this description, which have led to such improvements of late, represent all that is to be done? The history of this progress would lead us rather to the conviction that the subject of State Medicine is but yet in its infancy, and that every year will see an increasing need for the interference of the governing body in efforts for the public good in which our art will furnish a most powerful aid.

It is a simple act of justice to the Legislature to acknowledge that it appears more and more alive to the importance of this subject. Mere economy, and a consideration of the pecuniary advantage to the country, no less than humanity, point to the necessity of a careful study of the laws of health in all enactments which concern the physical condition of the public at large. And our rulers have done wisely in availing themselves from time to time, by commission and otherwise, of the experience and advice of eminent members of our profession. But the fact still remains, and at the present time it is a striking anomaly, that amongst the six hundred and odd members of the House of Commons there is but one who, from his education, is thoroughly competent to deal with the important scientific points which are so frequently brought before that body. Our profession, by the last census, numbered some twenty thousand members, of whom about fifteen thousand are resident in the United Kingdom. Out of this large number, Mr. BRADY, the member for Leitrim, is the solitary example of a medical man occupying a seat in the House. And there are doubtless reasons for this otherwise remarkable absence of a learned profession from a body in which commerce, the law, and the national services are so strongly represented. As a general rule, the requisite leisure to attend to senatorial duties is wanting in our ranks. The wealth, too, which is so constantly associated with political influence is not a characteristic of the medical profession. Very rich people do not find pleasure in the practice of physic, however much interest they may take in its theory. This is unfortunate, not only, as we have shown, as regards the public business of the country, but perhaps even still more in reference to the private interests of the profession. We stand in great need of representatives who can appreciate the position of medical officers of the army and navy, and those holding poor-law appointments. Questions affecting the privileges of the executive officers are never decided without the urgent remonstrance or support of numerous representatives of the services, who are at hand, and able to watch closely the interests of their brethren. A well-timed speech or a few votes would often turn the scale in measures of vital consequence to medical officers.

It is far from our object to counsel the active and busily occupied physician or surgeon to add the cares of State to the anxieties of practice. It is evident that the peculiar requirements of medical life preclude such a step. But there are certainly not a few members of our body who, from private circumstances, find themselves at a comparatively early age independent of the active pursuit of their profession. To such as these there is a great field open in Parliament—an opportunity worthy of any man's ability and energy. Many, especially in the provinces, are possessed of sufficient local influence to warrant their offering themselves as candidates for election, with fair promise of success. They would command the willing support of the profession generally, and how powerful this can be was well shown in the return of Dr. LANKESTER for the office of coroner. To such as these, then, we have no hesitation in recommending the example of Mr. MITCHELL HENRY, who has just come forward as a candidate for the representation of Woodstock. The ground is as yet comparatively untrodden; and the profession is to be congratulated that a novel proceeding should have been inaugurated by one so highly qualified, and in every respect so eligible. The election of Mr. MITCHELL HENRY could not fail to be attended with the greatest advantage to the profession, not only from that gentleman's private merits, but as a precedent likely to be followed up in other quarters.

We venture to urge upon our readers that they should bestir themselves to assist in so important an object. Woodstock is not a large borough, and the reigning influence there is doubtless very powerful. Of late, however, electors have shown in more than one instance that they have had quite enough of the system of pocket-boroughs, and that they are strongly disposed

to assert their right of independent choice. We may be prepared therefore, in all probability, to see the election strongly contested. At all events, the profession should not let such an opportunity pass without giving Mr. MITCHELL HENRY the utmost support in their power.

THE conviction of MULLER is now an accomplished fact. Whether he did of "deliberate malice" murder Mr. BRIGGS, is still an open question. It is consistent with the evidence given on the trial, and in accordance with the appearances exhibited by a post-mortem examination, that the severest of the injuries that unfortunate gentleman sustained was caused by his fall from a railway-carriage whilst in rapid motion. It is possible that an attempt on MULLER'S part to commit a robbery was accompanied by violence, from which, or in consequence of which, Mr. BRIGGS sought either to escape or to alarm the guard, and thereby contributed to the more immediate cause of his death. Either view equally establishes the legal guilt of the condemned. The policy of our laws admits of no fine-drawn distinctions between the deliberate perpetration of a murder, and, in the commission of a minor felony, the infliction of injury, the ordinary consequence of which is death, but the possible result of which may be less calamitous. The man who essays the perpetration of a crime must abide its issue, even though that issue prove more serious than he had anticipated. It is obvious that society would not be safe, nor could human justice be effectively administered, were those found guilty of grave offences permitted to raise subtle arguments as to their degrees of moral culpability. That Mr. BRIGGS'S death was occasioned through the active agency of MULLER seems to be as much an established truth as any proposition which, tried by the ordinary test of human reason and experience, is, in the absence of demonstration, accepted for the guidance of mankind. Facts, separately and collectively—in their relation and antagonism—point to but the one conclusion, that MULLER was present during the final struggle for life on the part of Mr. BRIGGS. What the exact circumstances were which preceded the discovery of the almost lifeless body of that gentleman may, perhaps, be never clearly known. We should, however, be by no means surprised if MULLER yet entered into details. We trust that he will do so, and thus endeavour to make the only atonement in his power for this great and grievous outrage against society. We hold the conviction of MULLER to be of incalculable importance to the community. There is too much reason to fear that each year there is committed a large amount of undetected crime. It would serve no useful purpose to analyze the various forms in which, from time to time, this becomes manifest; it is sufficient to state that such is the fact. However appalling the reflection be that murder is capable of being so silently and secretly effected, there is something less terrible in such an impression than that which is induced by the bold perpetration of crime in the very midst of active and busy life, under circumstances which appear to preclude all possibility of escape. The former class of offenders seem to hold as nought the vengeance of their Maker. The latter appear to be indifferent alike to the judgment of GOD or man, and to defy equally human and Divine punishment. The criminal mind is strangely imitative. Had discovery not followed on the murder of Mr. BRIGGS, it is no violence to our experience or reason to affirm that many offenders, who now stand amazed at the prompt vindication of the law, would have dared to enter on schemes in reference to which the impending execution of MULLER reasons with them in language which cannot be misunderstood. It is an occasion for public thankfulness that this crime has been so promptly and so completely brought to its present issue. There is also cause for much satisfaction that the law officers of the Crown, in the discharge of their responsible duties, neither sought to strain facts nor to manifest other anxiety for the conviction of the accused than that which a sense of public duty dictated and the interests of the community required. Never, perhaps, has so important a trial been less involved in difficulties. It is no disparagement to the gifted Solicitor-General to state that, while his reply was logical and convincing, his opening address was ornate from its simplicity as well as simple from necessity. Unlike other celebrated trials, there was a perfect absence of any of those scientific complications the discussion of which occasionally delays and embarrasses the course of justice. The defence attempted was such as, without much straining of the evidence, was reconcileable with the commission of the crime. Mr. Serjeant PARRY accomplished all that his unsurpassed forensic ability and known personal honour led the friends of MULLER to anticipate. It is a rare success to so conduct a hopeless defence that the enthusiasts on the one side must coincide with the opinions of those holding distinctly different views. Those who represented the prisoner, and those opposed to him, alike agree that every argument a high-minded English advocate could urge was put forward in his client's behalf. More, the law would not permit; less, justice would not have been satisfied with. If, in the retrospect of such a case, there can be any cause for congratulation, it is in the ability of the defence, since that is the true criterion of the propriety of the conviction. On this view we accept MULLER'S guilt as a matter of human certainty; and we are thus led to more closely investigate the bearing of the individual who, conscious of the commission of so grave an offence, must have lived in hourly apprehension of detection. In his conduct subsequent to the evening of the murder, MULLER has had no predecessors who can afford any analogy. The inference the analysis of his career suggests is, that he is an individual of an extremely low mental calibre as well as of depraved if not defective *morale*. He appears to have not only manifested a singular want of precaution and a complete disregard for those considerations usually suggested by the sagacity of practised criminals, but also a moral indifference to the whole affair. His not only preserving but wearing the hat of the murdered man, his exhibiting the chain bought in exchange, and his preservation of the watch, seem to argue him to have been of a mental and moral calibre which would, had the necessity arisen and the opportunity presented itself, have readily perpetrated any crime. There are men of this disposition occasionally to be met with, who astonish mankind by the enormity of their offences, and the apparently trivial inducement to their commission. They constitute the most dangerous class of criminals, because their criminal disposition is most easily aroused. They are criminals, not so much through a love of vice or the habitual practice of wrong, as in consequence of a want or absence of the restraining influence of moral feeling, and an indifference to the not less powerful corrective of worldly judgment. Such men commit offences without compunction, and remember them without remorse.

Nothing has been stated in reference to MULLER which suggests the existence in him of any troublings of conscience respecting the foul murder which he had committed. He laughed defiance to all, and seemed so far happy in the success of his great crime. Not even when his apprehension had been completed, and when he must have anticipated that which has since occurred, did he exhibit reasonable regard for the terrible situation in which he was placed. He freely indulged his appetite, and found amusement in light literature. In this respect he is an example and a study: an example of how dangerous an animal man is when the creature of undisciplined passions; and a study wherein we may learn of how small avail the mere restraint of the law is for the prevention of crime on the part of such offenders.

MULLER'S execution is the least part of that wretched man's case. It is but the finale which society, in self-defence, has ordained. Its propriety and expediency we do not for a moment question. It is the enumeration of the several trivial matters which have conduced to the complete whole that commends this trial to the public consideration,—the recital of the facts which day by day assisted justice in her search, and the recollection that though no human eye witnessed the commission of the foul and villanous deed, yet Providence so ordered matters that retribution quick and certain followed to a far distant land the robber and assassin. We trust its teaching will not be unproductive. We believe that *the detection and prompt punishment* of this horrible crime will effect much practical good amongst the criminal classes, in pointing out the fact that human blood, when foully spilt, crieth for vengeance even from the ground.

WITHOUT any intention of anticipating the verdict in the case of those nefarious impostors who stand committed for trial on the charge of attempted extortion under pretext of medical remuneration, we may yet direct attention to the proceedings recorded in our last number. We do so in the hope that the public and the profession will be thoroughly aroused to the necessity of making common cause against a class of advertising scoundrels, whose infamy it is difficult to estimate by any of the ordinary standards of crime. We have repeatedly proclaimed the habitual practice of these advertising quacks, whose filthy handbills and notices are in all quarters obtruded upon us; and we have done so because of positive information in reference to many attempts similar to that which Captain CLARKE has had the courage so completely to expose. To this gentleman all honest men must be deeply indebted. It has been his good fortune to place himself under the guidance of a solicitor of the first respectability, who in the conduct of his case has manifested an equal regard for the interests as for the honour of his client. Had Mr. JOHN T. FRY, as many might have done, suggested a compromise, he would thereby have awarded a premium to the most nefarious of pursuits. In advising Captain CLARKE to brave the ordeal of public opinion, he has afforded the best proof of the high character and personal honour of his client. We are enabled to state, on the most reliable authority, that this gallant officer's condition of health has at no period warranted the inference which his consulting these quacks would suggest. In common with others who have undergone arduous military service in tropical climates, Captain CLARKE suffered from constitutional wear and tear, materially increased by many exhausting wounds received in the service of his country. Physically and mentally depressed, the circular of the so-called Dr. HENERY reached him. There was no cause for shame or concealment in his condition; he was induced to become a patient, and but for his own courage and the good counsel he received, he would have continued a lifelong victim. His case is but an illustration of the practice habitually adopted by all those impostors who, through the medium of obscene and indecent circulars or pamphlets, profess to treat specific affections. Were his example promptly followed by others who have been similarly imposed upon, we doubt not that ample occupation would for some time be found for every police-court in the metropolis. It is the dread of publicity which alone deters timid men from consigning to the Old Bailey many who have long drawn large incomes from the fears and follies of their victims, and who are at present tolerated amongst their fellow-men.

This *exposé* must work a double good. It will afford an opportunity to many to terminate their bondage and to discontinue their bribes. It will also, we trust, induce the Medical Council to think seriously of the position they occupy when so-called "doctors" are enabled with impunity to outrage every sense of decency and propriety. Why should the onus be thrown on Captain CLARKE, or any other gentleman, of prosecuting medical pretenders of this class? They are not a whit less reputable than many who live in respectable localities, and send forth to the public productions which as medical treatises are useless, and as advertisements infamous. It is time that the Medical Council take action in the matter. True, the present case comes within the category of ordinary offences, for which the procedure now being instituted is the proper remedy. Might it not, however, have been prevented, had the Council been active in the vindication of the honour of the medical profession, as outraged by the so-called professional attendants of the medical institution, 52, Dorset-street, Manchester-square? Let anyone consult the less respectable columns of the daily press, and they will find ample illustration of the energy displayed by professional pretenders in pushing their infamous trades. "Manly Vigour," "Vital Essences," "Elixirs of Life," and various mysterious "Restoratives" are set forth as affording consolation and comfort to worn-out debauchees. Were such only the victims, little sympathy might be manifested in their behalf. Experience proves it is not so, and that honourable and confiding men have, with Captain CLARKE, been equally misled. We have no desire to further comment on this case. It must soon be submitted to that tribunal which Englishmen regard with confidence and respect. In the meantime we repeat that Captain CLARKE has conferred inestimable benefit on the community by his determination to punish, at much personal inconvenience, one clique of the many vile extortionists that infest our city.

ST. THOMAS'S HOSPITAL.—Dr. Brinton has resigned the physiciancy to St. Thomas's Hospital; compelled (it is understood) to this step by increasing private practice. We have so long advocated the desirableness of such appointments being made, and vacated, earlier in life than is customary in this country, that we are glad to point to a case of which this is an illustration. After fourteen years of arduous exertion as full physician to two London hospitals, Dr. Brinton may fairly be assumed to retire with whatever advantages may result from such public appointments.

Medical Annotations.

"Ne quid nimis."

THE RECENT CUTANEOUS ERUPTION AT ST. JOHN'S HOSPITAL.

THE special institution started under the sonorous title of St. John's Hospital for the treatment of the Diseases of the Skin, has suddenly collapsed under circumstances which will excite some scandal, and really suggest some pitiful reflections. When we wrote that error and egotism lie at the foundation of most of these establishments, and applied that formula to this one, it seemed hardly probable that so signal a verification of that opinion should be afforded by the course of events. Mr. Erasmus Wilson, Dr. Tilbury Fox, and Dr. Frodsham have suddenly withdrawn the support which they rashly gave to the scheme, on grounds purely personal, and irrespective of the presumed public need for further facilities for treating skin diseases. They address to us this week copies of a correspondence explanatory of their avowed reasons for withdrawal. They could do no less, in due regard to their professional character and reputation. But the marvel is, not that they were anxious to get out of their false position, but that they were willing to enter upon it.

They find out that Mr. Milton—who seems to be the great originator of this philanthropic scheme, the comprehensive mind that grasped the necessities of the age, and carried into effect the grand idea of supplying the cutaneous wants of the poor of Westminster—is the author of an ugly pamphlet on "Spermatorrhœa." Well, this is no news to anyone, we apprehend. That pamphlet has been largely advertised for years. Such notoriety as Mr. Milton has is of a spermatorrhœal origin, and his three colleagues must have had full cognizance of this fact.

We need not now review the various editions of the pamphlet; but we may say that we agree with these three gentlemen in disapproving of its tone and style, and think them justified in making it a ground of separation. It is only much to be regretted, so far as they are concerned, that they did not save themselves from figuring in so absurd a *fiasco* by reading a little more carefully the yellow-covered pamphlet which contains so much objectionable matter. Spermatorrhœa is a subject which peculiarly requires delicate handling; and "delicate" is not an adjective fairly descriptive of Mr. Milton's mode of treatment. As a mere individual squabble, this affair would have been altogether unworthy of notice; it is only the accidental circumstance of its being associated with an example of an abuse which the members of the medical profession are desirous to discountenance that it has become the subject of comment.

This is an apt instance of the way in which such institutions arise out of selfishness, are lauded on public grounds, and supported or deserted to suit private feelings. It is perfectly evident that these gentlemen have all been thinking of themselves only; and they will be deservedly punished with the consciousness that they have made themselves publicly ridiculous.

THE INDIAN ARMY MEDICAL SERVICE.

OUR correspondence from army medical officers in India continues in one unvarying strain. The new Warrant is found the more obnoxious, the more it is examined; and there is not one person in any grade of the service but finds reason to complain of it. The present officers of the service can, however, but endure; and they are likely to be called upon to bear more still, if, as at the last examination, students are found willing to rush into the service and help to rivet more securely the fetters which will assuredly not fail to gall themselves. Those who thus enter are pretty sure to be amongst the first to call out, but they will not then deserve much sympathy, nor would they have much claim to the active help of their brethren in civil life. We will lay before our readers a few facts as to the present state of things as portrayed in a recent communication. We are told that "an assistant-surgeon of a Queen's regiment is in charge of as many men as would form in the aggregate a wing of a regiment. He has, besides, charge of a wing of a native corps. He makes out double the amount of returns, and has the same responsibility as the surgeon of a regiment. He is liable to be, and has been, cut by the medical examiner for excess in indents, or expenditure. He has under his control two distinct hospitals and establishments. He has no more pay than the junior assistant-surgeon, who is with the head-quarters, and has no responsibility whatever. Under the old rules (having passed an examination in the language) he drew head-money for the native troops, as well as for his European charges; under Sir C. Wood's scheme for 'remedying the grievances,' he loses twenty-seven rupees a month, and has to do an immense amount of extra work gratuitously. Leave of absence is a myth. They have removed the third assistant-surgeon from the regiment here. I have been myself nearly three years in India, and have never been able to obtain a week's leave. It is impossible to do so. Almost every regiment sends out a detachment; with that the senior assistant goes, and one assistant left at head-quarters is not enough to allow of any leave being granted. Let every candidate consider this fact before he signs the application for examination. Every day he must work, wet or dry, hot or cold; there is no leave for the medical officer. This applies also to the senior officers. The surgeon of my regiment has not had any leave for six years. He applied lately, and a month was grudgingly granted. Surely when these things are considered, men will not rush madly on to their own discomfort and misery. In every way is the medical service now at its lowest ebb. Complaints are universal, and in India are louder than at home. The local papers teem with instances of injustice and hardship. One was mentioned the other day. A circular was sent round asking for volunteers for the new batteries of artillery and cavalry appointments. Many of the senior men, who had been in the country some time, put down their names, having been told that, as far as possible, seniority would be carried out. When the examinations were made competitive, it was also held out as an inducement to energy that the higher places would be given choice of appointments as far as possible. Now for the result. In last *Gazette*, men just joined the service, who have not yet seen India, or, if so, have just caught their first glimpse; men who came out of the competitive examination amongst the last, who, in some instances, merely *scraped* into a commission, have been given artillery appointments over the heads of men whose names have been down as long, and whose service counts as many years as theirs does months. So much for keeping faith, rewarding merit, and encouraging industry."

A MEDICO-LEGAL PROBLEM.

A MOST mysterious case of violent death was lately admitted into the St. George's and Westminster Hospitals, and thus far the observations of the house-surgeons have only led them to conclusions which are irreconcilable with any of the suggested theories of the manner in which that violence could have been inflicted. The particulars of the case as they have appeared in evidence at the various inquests are probably more or less known to most of our readers, but it may be desirable to collect and recapitulate the facts as they bear upon the important medico-legal aspects of the case. An inspector in a gas company was brought on the 30th ultimo to St. George's Hospital, in a state of stupor. The constable who brought him reported that he was seen to fall several times in the Green Park; and the house-surgeons, Mr. Jones and Mr. Freeman, on examining him, found his breath smelling of rum, and pronounced him

drunk. They examined him carefully, and saw no bruises whatever upon his head or hands: of this they are both very positive. The eyes were sensitive to light. The man lay there for a time, and presently the police were desired to remove him to the police-station as a drunken man. The policeman in charge accordingly *walked* him down in the dusk from St. George's Hospital, a distance of over a mile, to the police-station. There he was placed in a cell; inspected, in the usual way, once or twice during the night; and, nothing being remarked of an unusual character, he was delivered over in the morning to the friends who came to bail him out. Now, however, the aspect of the case had changed: directly his friends set eyes upon him they cried out that there had been foul play and that he had been ill-used. He was cold and senseless; and, being taken to Westminster Hospital, the house-surgeon there found, immediately on taking off the hat, that the head was covered with bruises. There were fourteen distinct and separate bruises on the head externally—three on the forehead, seven on the top of the head, and four at the back of the head, one of the latter being behind the ear. These bruises had been inflicted for some hours: for how many it could not be said, but they were "just getting dark in colour." Besides these, dreadful bruises, apparently from kicks and blows, were found on the face, hands, arms, abdomen, back, and chest; while the skin had been knocked or kicked from his legs in some places. His skull was dreadfully fractured, and a large clot of blood effused from the lateral sinus, which was ruptured. When and how were these injuries inflicted? Those who saw them declared that not by any conceivable kind of accident in the way of falling could so many injuries in diverse spots be incurred. If the poor fellow had been an acrobat jumping about amongst hard stones upon his head, he could hardly have injured himself so variously and in so many places. Then, again, had the skull been fractured from the fall in the Green Park or from violence there received, and had the sinus then been ruptured, it is scarcely possible to suppose that this man could, after some hours, when reaction had set in, have been able to walk from the hospital to the station. Any supposition compatible with the medical observations is irreconcilable with what is known of the facts as they occurred. Thus, if the medical evidence alone were taken, the obvious suggestion would be, either that the poor man was beaten and knocked about in "getting him along" to the station at seven o'clock in the evening from the hospital, or that he was knocked about in the cell. But it seems quite impossible to adopt the latter suggestion; and there is no ground in anything stated, suggested, or observed, for imputing violence to the police in taking the poor man from the hospital to the station. There is no way that we can see at present of explaining this case, which must continue to be a puzzle, unless some further facts be adduced which can reconcile the hopeless discrepancies of the matter.

THE DISTRIBUTION OF BIRTHS.

Dr. STARK, in his latest annual report to the Registrar-General for Scotland, offers an interesting explanation of the varying birth-rates in different counties. The subject is one which, although it has often given rise to remark, has not seemingly before been submitted to careful examination. It is known that there is a certain relation between the rate of death and the rate of mortality. Wherever a high death-rate prevailed, there, as if by a natural law of compensation, a high birth-rate occurred. This, however, is rather the expression of a fact than the explanation of a phenomenon. Thus, in Scotland, for every 10,000 persons in the three great districts into which for convenience of comparison the kingdom is divided, 284 *births* occurred in the Insular, 334 in the Mainland Rural, and 374 in the Town Districts; while to like populations 168 *deaths* occurred in the Insular, 189 in the Mainland Rural, but 285 in the Town populations.

The late census report, however, affords an explanation of varying birth-rates which has not been found elsewhere. This explanation, Dr. Stark thinks, accounts satisfactorily for all the facts known and published, not only relative to each county of Scotland, but also to each county of England, and possibly to all the kingdoms of the world. Why, he asks, should Linlithgow, year after year, exhibit the high proportion of 417 births to every 10,000 persons, while Sutherland only yields 249 in a like population. The census table of the conjugal condition of the population in the several counties at once explains this difference. In Linlithgow, where the high birth-rate prevails, 53·9 per cent. of the women above fifteen years of age are wives; whereas in Sutherland, where the low birth-rate prevails, only 34·7 per cent. of the women of the same ages are wives. "This simple cause, then," says Dr. Stark, "at once explains the whole difference in the birth-rates of the various counties; and proves that, in all, just in proportion to the per-centage of females in the population who are wives, is the proportion of births which annually occur in each. In so far as Scotland is concerned, the correspondence is so close that the relative proportion of wives in each county might almost be calculated from the annual number of births in that county. But it must always be remembered that large fluctuations are met with when the numbers are small, which disappear when spread over a series of years, or thrown into larger groups."

The foregoing explanation equally applies to the several counties of England. Thus, in 1860, the highest birth-rates in England occurred in the counties of Stafford and Durham, the births in the former being in the proportion of 416, and in the latter 411, to every 10,000 population; while the lowest occurred in the counties of Sussex, Hereford, and North Wales—namely, from 296 to 299 births for every 10,000 population. According to the census of 1861, the proportion of women between the ages of twenty and forty who were wives, was 68 per cent. in Stafford, and 69 per cent. in Durham; whereas of the counties yielding a low birth-rate, the proportion was 52 per cent. in Sussex, 56 per cent. in Hereford, and 54 per cent. in North Wales.

Dr. Stark also thinks that the same facts "throw much light on one of the laws which seem to influence the proportion of the population above and under twenty years of age in different countries—a law which was endeavoured to be investigated in the Scottish Census Report of 1861. It corroborates and confirms the conclusions there arrived at from other facts, that it is the much larger proportion of women who are married in newly settled countries which causes the population under twenty years of age to exceed that above that age; whereas, when a smaller proportion of the population is married, as in the old settled countries of Europe, the population above twenty years of age exceeds in number those under that age."

MEDICAL ATHLETÆ.

NOTHING can more forcibly demonstrate the great improvement which has taken place in the habits of medical students of late than the character of their amusements. A few years since some of the *alumni* of our medical schools devoted their leisure hours to the wrenching off of knockers, the ringing of house-bells, and other most objectionable recreations: now they have turned their attention to athletic sports. Cricket clubs have been established, and societies for the practice of strength and agility have been formed. The results have shown that the physical capacities of the students of medicine are not inferior to their mental powers. They have proved themselves adepts at cricket, sturdy and successful as oarsmen; and in a late display of jumping, placing the stone, and other feats of strength and physical skill, the students of St. Bartholomew's Hospital occupied a conspicuous position. Whether regarded as a question of health or as an improvement upon the older system, these pursuits are most commendable and praiseworthy.

STREET MORTALITY.

ONE of the items in the late weekly reports of the Registrar-General has not attracted that attention which its importance merits. We allude to the deaths which occur in the streets of London, of persons who have been run over or otherwise injured by the overcrowding of vehicles. Last week seven lives were thus sacrificed; and there is good reason to believe that this is about the weekly average of the mortality from these accidents. The attention of the authorities cannot be too peremptorily called to this subject. In many of the largest thoroughfares of London there are no places of protection in the middle of the crossing. It is not creditable to the metropolis that such neglect should prevail. The statistics of death from this cause are so startling that the safety of the public urgently demands a remedy.

HOSPITAL HYGIENE.*

No. II.

II. REAL TESTS OF THE HEALTHINESS OF HOSPITALS.

FROM the preceding article it must be apparent that both the general death-rate and the death-rate of individual diseases in an hospital are very different things from its sanitary condition; that mere death-rates, in fact, without entering into considerable detail, are no tests of hospital salubrity; and that the first question to be settled, in inquiring into the sanitary state of an hospital, is—What are its rules for the admission of patients?

The duration of the stay of patients in hospital, to which certain writers appeal with considerable confidence for the determination of the question under discussion, is an equally fallacious test. It is maintained, with a *primâ facie* show of reason, that if in one hospital it takes on an average twenty days to treat a patient to a termination, and in another thirty days to accomplish a like result, *cæteris paribus*, the former institution must be regarded as the more salubrious. It may be admitted that, if of two institutions it could be shown that all the cases of a certain disease, such as acute rheumatism, got well in the one in one-third less time than they did in the other, there must have been some important influence at work (something, for instance, in the nature of the cases themselves, something in the medical treatment, or something in the atmosphere of the hospitals) leading to this difference of result. But those who attach importance to such figures are strangely ignorant of the causes on which their differences depend. Duration of stay in hospital is determined practically by such various circumstances—is so dependent on the caprice of patients themselves and of their medical attendants, so dependent on the rules of hospitals, on the pressure of applicants for admission, and on the nature of the cases usually received,—that, although possibly a point of interest to governors of hospitals, it loses all value as a test of salubrity, and becomes of little worth as a test of anything. A fever hospital offers a good illustration of the fallacy of such a test. When fever is not prevalent, the convalescents are often retained until their strength is fairly regained; but in the time of epidemics, when the pressure for admission is great, they are discharged as soon as this can be done with safety, to make room for others in the acute stage of the distemper. To argue that the hospital was more healthy under the latter circumstances than under the former would be simply ridiculous.

If, then, neither a high death-rate nor a lengthened stay in hospital be any certain criterion of hospital salubrity, it may fairly be asked how we are to judge whether an hospital be healthy or not; or, in other words, what meaning is to be attached to the term "a healthy hospital." A healthy hospital is well defined by Mr. Simon as "an hospital which does not, *by any fault of its own*, aggravate ever so little the sickness, nor oppose ever so little the recovery, of persons who are properly its inmates." When we compare together two hospitals with regard to their "healthiness," and call one of them the "unhealthier" hospital, our meaning is that in this hospital, *by reason of some fault of its own*, disease cannot be treated as successfully as in the other hospital.

According to the Report before us, the two great signs of hospital unhealthiness are the origination of certain diseases and the spread of contagion, and undoubtedly the former of these is by far the more important.

In ill-kept hospitals the nurses and attendants are apt to suffer from "hospital sore-throat" and deterioration of their general health. Wounds also go on badly. Instead of running their normal course of repair and recovery, they undergo certain characteristic morbid changes. Erysipelas frequently attacks them, and so do other morbid processes akin to erysipelas, such as gangrene and phagedæna, putrefaction of effused or otherwise stagnant blood, re-opening of half-healed arteries and veins, pyæmia, &c.; and if the hospital receive lying-in women, these infections will constitute different forms of puerperal fever. These morbid processes Mr. Simon generalizes under the one name of "*traumatic infections*;" and it is most important to note that such a high authority regards these traumatic infections as zymotic or communicable diseases, "the respective contagia of which may arise in any putrefaction of wound-products." The following passage from Mr. Simon's remarks has such an important bearing on the etiology of zymotic diseases generally that we extract it in full:—

"Traumatic erysipelas is a true zymotic disease—a disease in which *the affected materials of the body furnish a specific contagium*. On but too many occasions the contagiousness of the disease has been convincingly and fatally proved,—enough, perhaps, had there been only such evidence as is adduced from hospital surgery,—but still more by evidence, again and again given, that a surgeon going to a puerperal woman from attendance on a case of erysipelas may convey the specific contagium to the uterine surface of his new patient, and occasion her death by that form of puerperal fever which under a special name is, in fact, but intra-abdominal erysipelas. *But to say that the disease is contagious is not to say that no case of it can arise without contagion from a previous case.* Indeed in this respect erysipelas has a peculiar place among zymotic diseases. Probably of all the specific contagia, the contagium of erysipelas stands in nearest affinity to the ferments of common cadaveric decomposition, and is therefore aptest to arise *de novo* whenever certain animal textures and juices, or the effluvia from such textures and juices, are falling into common putridity. Immense mortality from puerperal fever in one division of the Vienna Lying-in Hospital, varying from about a fourth to about a ninth part of all the deliveries which took place there, was believed by Dr. Semelweiss, the head of the department, to depend on an infection of which '*the real source was to be found in the hands of the medical men in attendance contaminated with cadaveric poison.*' The other division of the hospital (reserved for the practical instruction of midwives, whose training does not require them to be brought into contact with dead bodies) suffered only about a tenth part as much as the first; and this was the more noticeable as the second division was inferior to the first in the size and airiness of its wards. Dr. Semelweiss, acting upon his supposition as to the cause of the malady, required that the male attendants of the first division should, as much as possible, avoid contact with cadaveric matter; that after such contact they should never make a vaginal examination till the following day; and that, besides very thoroughly cleansing their hands, they should systematically *disinfect them with a solution of chlorine*. The latter precaution was not introduced till some months after the more general precautions had been adopted. The result of these measures was, that the mortality of the first division at once fell to the usual average of the second division. In 1846, the death-rate per cent. had been 13⅓; in 1847, it was 5½; in 1848, it was 1¼. And the relation of this fact to the possible 'spontaneous generation' of erysipelas contagium is not, I think, far to seek. For any wound in the unhealthy state which is technically called 'foul' is in fact a surface of decaying animal matter; that which surgeons call a 'slough,' or 'mortified part,' is a dead bit of the

* Report by Dr. John Syer Bristowe and Mr. Timothy Holmes on the Hospitals of the United Kingdom, published in the Sixth Report of the Medical Officer of the Privy Council. London, 1864.

animal body undergoing just such putrefactive changes as it might undergo in the dissecting room; and accordingly, if cadaveric decompositions can easily furnish the contagium of erysipelas, every surgical ward of an active hospital must (in respect of the natural processes of disease which are going on in it) be a likely birth-place for that contagium. Thus, for instance, if a patient has been admitted with a contused wound of such severity as involves local mortification, that mortification would include in itself an essential liability to the formation of erysipelas contagium. Whether the contagium, if thus engendered, produces in that particular patient the spreading surface-inflammation which characterizes erysipelas, may depend on his personal susceptibility, and specially, no doubt, on the then existing chemical state of his live textures next adjoining the wound; but whether his general mass of body be or be not infected *by the specific contagium which has been engendered in his wound, in any case contagium would be set free*, and would act on the atmosphere of the ward. Its influence in this atmosphere would be determined by circumstances: if the ward were well ventilated, dilution or oxidation would probably have rendered the contagium inert before it had travelled far from its source; but if, on the other hand, the ward were ill ventilated, either absolutely or in proportion to its contained quantity of ill-conditioned surgical cases, then probably the unclean atmosphere would abound with material which the contagium could convert into its own likeness; and such an atmosphere continuous through the whole length of the ward, and perhaps receiving increments *of new-formed contagium* from other beds than the first, would be so very dangerous an influence to even the best-conditioned wounds that probably there would be in the wards what is called an 'epidemic' of erysipelas. And in addition to the danger that the contagium might thus, by continuity of atmosphere spread from one patient to others, there is also danger, except with the cleanliest and most careful nursing, that attendants will convey it from one part of the ward to another in the successive wound-dressings which they perform."

It would not be difficult to multiply to an infinite extent facts similar to those appealed to by Mr. Simon; but we have extracted the above paragraph because it enunciates, in language clear and unmistakable, the best test of hospital unhealthiness, and because it embodies truths of the utmost practical and scientific importance. Here we have distinct admission of the doctrine (the truth of which we venture to say may be established by overwhelming evidence), that a disease which can be propagated from one individual to another by a specific contagium, can, under certain conditions, be generated *de novo*. There are a few writers who would have us believe that such a doctrine is utterly untenable and absurd, and who maintain that the poison of a communicable disease is invariably derived from a person previously infected, and can no more be generated *de novo* than an animal or vegetable can enter the world independently of a parent. This doctrine is founded on a supposed resemblance between the poison of a communicable disease and the minute organisms which appear in putrefying fluids. It is worth mentioning that the remarkable discussion at present going on between M. Pouchet, M. Pasteur, and others on the Continent, leaves it doubtful, to say the least, whether many of these minute organisms may not be generated *de novo*. But whatever be the result of this discussion, there is no proof whatever of the resemblance which it has been sought to establish. Hitherto every endeavour to identify the contagium of a disease with a microscopic organism has signally failed. It is obvious that if a disease such as erysipelas and pyæmia can in the first place appear independently of a pre-existing cause, and in the second place be propagated from the sick to persons in health, there is no reason why others of the so-called zymotic diseases should not be amenable to similar laws. But (to return from this digression) the Report before us appears to demonstrate clearly that the occurrence of erysipelas, pyæmia, and other "traumatic infections," is a certain indication of hospital unhealthiness.

Another sign of hospital unhealthiness, on which the Report lays great stress, is the spread from patients to nurses and other attendants and to visitors, and, perhaps, even amongst the patients themselves, of such communicable diseases as typhus and scarlet fever. The reporters advocate the admixture of such patients in the same wards with patients suffering from other diseases; and they regard the spread of these diseases, under the plan in question, as a sign of faulty or defective sanitary arrangements. That much may be done by thorough ventilation and other measures to prevent the spread of some of these diseases, more especially of typhus, there can be no doubt; but the practice of treating these diseases in the general wards of an hospital is one on which such difference of opinion exists, that the consideration of this test may be conveniently postponed until we come to consider "the proper mode of distribution in hospital of patients suffering from different diseases."

There is one disease, the appearance or spread of which in an hospital may, we think, be invariably regarded as a sign of innate unhealthiness, and that is enteric fever. Although it is the constant practice, both in England and on the Continent, to treat this disease in the general wards of an hospital, it is well known that it is very rarely propagated to the attendants or other patients. The evidence on this point is most conclusive. But, on rare occasions, an outbreak of enteric fever occurs in an hospital, just as it occurs elsewhere; and this occurrence, in the great majority of instances, may be traced to a faulty condition of the drains. Several instances in which enteric fever appeared to have disseminated itself in hospitals are given in the Report. That of the Bath United Hospital appeared at first sight to be most conclusive, and is the only one accompanied by details. But, since the publication of the Report, Dr. Goodridge, the physician of the Bath Hospital, under whose care most of the patients were, has pointed out in THE LANCET of Oct. 22nd, that the drainage of the hospital generally was in a bad state; that the pan of the watercloset of the wards in which the fever occurred had been choked up by tow, so as to cause an accumulation of soil, interfere with the action of the trap, and expose the patients to an atmosphere containing the effluvia from fæcal fermentation; that enteric fever had prevailed in the hospital for several months before the admission of the patient from whom, according to the Report, the outbreak in question originated; and that after removal of the defects in drainage, although several cases of enteric fever were admitted, no person in the hospital was attacked—"Sublatâ causâ tollitur effectus." Dr. Goodridge has done good service by supplying an important omission in the account of the outbreak given in the Report. Another hospital in which the reporters state that enteric fever has recently spread is that of Canterbury; but we have the best authority for stating that here also some mistake must have been committed; and if this be so, it would be well if the physicians of the hospital would follow Dr. Goodridge's example, and furnish us with the details necessary for forming a correct conclusion. Several other instances have been communicated to us, in which outbreaks of enteric fever in hospitals have been apparently due to similar causes, and where, on the removal of the cause, the outbreak has at once ceased.

The prevalence of diarrhœa and of "hospital sore-throat" is another indication of hospital unhealthiness, and ought at all times to attract attention to the state of the drainage and ventilation.

Independently of the origination of traumatic infections and the spread of communicable diseases, there are other influences at work in hospitals, which, though more difficult to estimate, may occasionally modify the progress of disease, protract convalescence, and lead to death instead of recovery. Patients suffering from rheumatism, cardiac, pulmonary, and renal diseases, often have their maladies greatly aggravated by the draughts to which they are subjected in hospital wards; and it would not be difficult to adduce many instances in which death has been the result of such a misadventure. Although we have here a tangible and undoubted cause of aggravation of disease, the facts are not to be found in any statistical records, and though in isolated instances disastrous, they probably form in the aggregate a comparatively unimportant item in hospital experience.

Correspondence.

"Audi alteram partem."

THE INTERMENT OF THE DEAD.

To the Editor of THE LANCET.

SIR,—We boast of our superior care in sanitary matters; our practice, in some things, does not justify our boasting. I refer to our customs as to the interment of the dead and the keeping of dead bodies beyond the proper time, whereby much annoyance and risk are incurred by those who may be called upon to attend at funerals in our churches and chapels. In many cases of small-pox, or of malignant fevers, no notice of the cause of death having been given by the friends of the deceased, the dead bodies of those who have died from the above causes are brought, sometimes in a putrid state, into the church or chapel where the previous service is performed in the midst of mourners and casual spectators. Our street-cabs are used as hearses, and immediately after having done this service the driver seeks for another fare.

Burials in lead, in vaults, and in catacombs are another cause of annoyance and injury to the public. The lead coffins burst, or are perforated. In both cases they continue, for a long time, to be vomitories of stench, contagion, and disease. Dead bodies are often kept until they emit a most foul and offensive smell, and not unfrequently until decomposition has advanced so far that a fetid and disgusting liquor runs down the backs of the bearers, and afterwards in the church or chapel.

Why should these places be thus desecrated, and the visitors to them be made to incur great risk to health and life? and all this to gratify the morbid fancy and superstitious feeling of those who think, or act as if they thought, that some benefit would accrue to the dead by these mortal remains being brought into a consecrated building. At St. John's Westminster, and at Fulham Church, no dead body is allowed to be brought in. At Fulham Church a place is provided, under the belfry, in which to deposit the dead body, while the living proceed into the church to be present at the "desk service," and thus, by the wise arrangement of the late Bishop of London, much annoyance and danger are prevented.

The practice of carrying dead bodies on the shoulders of men is most reprehensible. The poor fellows are shut up under the thick covering of a pall, fetid from long and frequent use, and made more so by its *present* use. They have, as I have sometime seen, in cases of pauper funerals to carry their loathsome burden for a long distance, since the economical parochial management refuses to provide a hearse. In some such cases I have seen the bearers, after depositing their burden, roll on the grass and vomit painfully. Some of the evil of which I speak might, in part at least, be prevented by the use of the bier, which has been laid aside except in a few cases.

By the grave-side, a few days ago, the officiating minister was heard to ask one of the *employés*, "Which way does the wind blow?" Having ascertained this point, he said, choosing his position, "Then I will stand here, for the person to be buried died of a bad typhus fever." That "person" had been carried on men's shoulders into the chapel and out again just before.

One cause of a large part of the evils complained of is this: the business of undertaker is now often in the hands of inexperienced, needy, and reckless men, by whom decency and all sanitary considerations are neglected. Would it not be well to cause all undertakers to take out a licence and to be registered? Thus a certain amount, if not of respectability, at least of responsibility, might be secured. Some of these men will not use the commonest precautions, even a little sawdust in the coffin, or, in bad cases, pounded charcoal.

An effectual remedy for these evils, or, at least, some of them, would be the passing of a law making it imperative to bury the dead in a decent time after death, and before offensive putrescence had taken place. What can be more disrespectful to the dead than to keep the mortal remains until they are a nuisance and an injury to the survivors? Perhaps the appointment of local sanitary officers might be useful in carrying such a law into effect. It is high time to apply some remedy to this crying evil. I know not any means more likely for the attainment of this end than thus to invoke your powerful aid.

I am, Sir, your obedient servant,

October, 1864. A SUFFERER FROM THE EVIL COMPLAINED OF.

THE MEDICAL ACT.

To the Editor of THE LANCET.

SIR,—The information announced in your journal of last week that the Branch Medical Council had been specially summoned for the purpose of considering certain clauses of the Medical Act, with a view to their speedy amendment at the coming Parliamentary session, will be regarded with no slight interest, and I may certainly add with pleasure, by the profession at large. Most fully can I for one endorse the remarks you have made concerning the energetic President of the Council, Dr. Burrows, who may without doubt be considered "the right man in the right place." Surely the innumerable petitions that have been presented by the medical practitioners from all parts of the country will stimulate the Council to action in this matter. Let it not be forgotten, however, that THE LANCET, by its untiring advocacy and steady perseverance in so good a cause, will have contributed in no small measure to its fulfilment.

I am, Sir, your obedient servant,

Nov. 1864. A CONSTANT READER.

THE POST-OFFICE LONDON DIRECTORY AND THE MEDICAL PROFESSION.

To the Editor of THE LANCET.

SIR,—You are probably aware that the publishers of the "Post-office London Directory" are just now receiving insertions and corrections for their next issue. I am sorry to find that they see fit to degrade the medical profession by inserting the list of physicians and surgeons in the "Trades Directory." This is not only impolitic but incorrect. Physicians and surgeons do not carry on "trade;" and I for one shall certainly not subscribe for any book which contains such an imputation.

I am, Sir, your obedient servant,

Nov. 1864. H. W.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

The session at the University commenced to-day, the chief interest in the Faculty of Medicine being the introductory lecture to his course on Surgery by Professor Spence. Had there been any doubt as to the correctness of the appointment of that gentleman to the chair so long filled by Professor Miller, it must have been removed by the flattering and hearty reception given to Mr. Spence by his numerous audience this morning. Had the curators been present they would have seen that no election could have been more agreeable to a large number of the profession in this city; and from the well-earned reputation of Mr. Spence, they may feel assured that the high position of the University will be sustained by him not in word only, but in deed. The subject of the lecture was a historical review of the School of Surgery in Edinburgh. The only other change in the University professors is, that Dr. Maclagan is to lecture on Clinical Medicine. Since Dr. Christison ceased to give clinical lectures, these have been delivered by Drs. Bennett and Laycock; but in future, their clinical work will be shared by the Professor of Medical Jurisprudence.

The introductory address, which is usually delivered by the Principal, Sir David Brewster, before the general elections begin, is delayed this year till the 14th inst. The half-yearly meeting of the General Council of the University was held on Friday last, the 28th October, but no business having special reference to professional matters was before the meeting. The business of chief interest was the discussion which followed the reading of a letter from the University Court to the University General Council, in which, in reply to a motion at last meeting, the Court resolved by a majority that "it is inexpedient" to submit annually to the Council an intelligible abstract of the accounts of the University. The only other matter of interest was the subject of entrance examinations and extended sessions, upon which the report of a committee was read, to the effect that the committee were favourable to entrance examinations, but that the question should be entered upon in connexion with the other universities. And on the extended

session, they were in favour of the period consumed in vacation being shortened: the further consideration of this matter was delayed, and the report transmitted to the University Court.

In the extra-mural Medical School, the session also commenced to-day (1st November) by an interesting address delivered by Dr. Stevenson Macadam, lecturer on Chemistry. The lecture included, amongst other subjects, a consideration of the nature of food, and the diet of the public services and of the people; sanitary improvement, and its effect upon the death-rate, also formed a part of the address. The changes in the lecturers are, this year, few in number. By Mr. Spence's appointment to the chair in the University, the number of lecturers on Surgery was reduced to three, but Mr. Annandale intends to lecture on that subject, and so increases the number again to four. A change also occurs in the Clinical Surgery Lecturer, Dr. Gillespie lecturing this session in consequence of Mr. Spence now lecturing upon Systematic Surgery alone.

A memorial of a very suitable kind is being paid to the late Professor Miller; and as some of his former pupils may take an interest in it, I mention it in this letter. "The friends of Professor Miller feel that some memorial is due to him, and that none could be more suitable than to increase the efficiency of the 'Medical Missionary Training Institution,' in which he took so deep an interest, and which is productive of so much good. They, therefore, propose to raise such a sum as will procure new premises, which are greatly needed; and, if possible, a qualified assistant to the superintendent, which is also much required." The subscription list already amounts to nearly £1000.

Several of the charitable institutions in this city have lately had legacies of considerable amount left to them by Miss A. Cranstoun Fryer, formerly of The Cedars, Hammersmith, and late of Reading, Berks. Amongst the institutions partaking of her liberality are the Royal Infirmary, £6000; the Asylum for the Blind, £2000; the Deaf and Dumb Institution, £2000; and the Royal Public Dispensary, £1000. The residue of her property, which is expected to yield several thousand pounds, is left to the infirmary. I have also the pleasure of intimating that Sir Alexander Morrison has endowed a lectureship upon Mental Diseases in connexion with the College of Physicians, and he has nominated Dr. Seller to be the first lecturer.

Nov. 1st, 1864.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 27th ult.:—

Eddowes, Charles, Millbrooke, Southampton.
Hume, Frederick Henry, Angel-terrace, Islington.

UNIVERSITY OF DURHAM.—Mr. J. S. Higgs, of Twyford, Leicestershire, has been this year the successful candidate for the vacant medical scholarship of this University.

BIRTH EXTRAORDINARY.—A few days since the wife of a labourer of Leamington gave birth to four children, all still-born.

SMALL-POX IN JAMAICA.—The small-pox is continuing its ravages in Jamaica, and by the last advices we learn that it is rapidly extending over the island.

UNIVERSITY COLLEGE HOSPITAL.—The following liberal bequests were announced to have been left to this institution at a meeting of the hospital committee on Wednesday—viz., by the late Mr. Jacob Stiebel, £5000 (this gentleman received his early education in University College); Mr. Henry Lloyd, £100; and Mr. Z. A. Jessel, £50.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—The medical staff of this hospital, previously consisting of Dr. J. S. Ramskill and Dr. C. B. Radcliffe, Physicians, and Dr. J. Hughlings Jackson, Assistant-Physician, has been increased by the appointment of two Physicians, Dr. E. H. Sieveking and Dr. J. Russell Reynolds, and an Assistant-Physician, Dr. P. Victor Bazire.

GLASGOW MEDICAL SOCIETY.—The fifty-first annual meeting of this Society was held in the Faculty Hall, St. Vincent-street, on the 18th ult., when the following gentlemen were elected office-bearers for the session 1864–65:—President: Dr. James Morton. Vice-presidents: Dr. G. H. B. Macleod, Dr. J. G. Wilson. Treasurer: Dr. R. Perry. Secretaries: Dr. W. R. Hatrick, Dr. Maclaren.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following are the names of the candidates who passed the Major Examination on the 26th inst. as Pharmaceutical Chemists:—John Bailey, London; Alfred P. Balkwill, Plymouth; William Davies, London; Richard Fitzhugh, Nottingham; Thomas G. Gibbons, Manchester; Marshall Heanley, Peterboro'; Evan L. Hickey, London; William Jones, London; Thomas M. Orpe, London; Joseph Sims, Hirwain; Thomas Taylor, Peckham; R. G. Thomas, Merthyr; Henry C. Upjohn, Oxford; Robert F. Young, Gringley-on-the-Hill.

PRESENTATION TO A SURGEON.—At the general annual meeting of the governors of the Preston Dispensary, an elegant piece of plate was presented to Mr. Howitt, the surgeon of the institution. It was manufactured by Mr. Garrard, of the Haymarket, at a cost of 100 guineas. It was said by the chairman, J. Cooper, Esq., that the centre figures of Faith, Hope, and Charity, might well be said to represent Fortitude, Prudence, and Perseverance, the virtues by which Mr. Howitt was distinguished. It bore the following inscription:—"Presented to William Howitt, Esq., Fellow of the Royal College of Surgeons, England, senior honorary medical officer of the Preston Dispensary, by a number of his friends, as a token of regard for the valuable services rendered by him to that institution during a period of nearly thirty years.—25th October, 1864."

FORT PITT, CHATHAM.—Additional buildings have been erected at Fort Pitt, Chatham, for the reception of the whole of the troops of the garrison requiring hospital treatment. The necessity of a separate staff of medical officers for the old hospital within the lines, now ceases—that building being converted into quarters for the troops.

MUNIFICENT DONATION.—J. C. Bowring, Esq., of Larkbeare, has presented £4000 to the Devon and Exeter Hospital, for the purpose of applying the income to the maintenance of a ward for the reception of infants under the age of seven years. The donation is made unconditionally, and in furtherance of the wishes of the late Mrs. Bowring.

THE SUPPLY OF COD LIVER OIL, &C., IN POOR-LAW UNIONS.—Mr. Griffin, Weymouth, requests, for the information of the Poor-law medical officers, that we will give insertion to the following paragraph from a letter sent by a Poor-law Inspector (W. H. T. Hawley, Esq.) to the Southampton Board of Guardians, which proves that the subject of "expensive medicines" is under the consideration of the Poor-law Board:—"I shall also be obliged if you will obtain from the guardians an opinion as to whether expensive medicines, such as quinine, cod-liver oil, &c., should be supplied by the guardians, subject to the orders and regulations of the Poor-law Board, or whether the medical officer should supply those articles and make a special charge for them."

LETHARGY.—At the last sitting of the Academy of Sciences a paper was received from Dr. Blanchet on three curious cases of constitutional lethargic slumber. One of them was that of a lady twenty-four years of age, who, having slept for forty days at the age of eighteen, and fifty days at the age of twenty during her honeymoon, at length had a fit of sleep which lasted nearly a whole year, from Easter Sunday, 1862, to March, 1863. During this long period a false front-tooth had to be taken out in order to introduce milk and broth into her mouth. This was her only food; she remained motionless, insensible, and all her muscles were in a state of contraction. Her pulse was low, her breathing scarcely perceptible; there were no evacuations, no leanness; her complexion was florid and healthy. The other cases were exactly similar. Dr. Blanchet is of opinion that in such cases no stimulants or forced motion ought to be employed.

UNIVERSITY OF EDINBURGH.—At the half yearly meeting of the General Council held on the 28th ult., a report was given in on the subject of extending the session, stating that, after considering the various schemes proposed, the committee, by a majority, approved one for lengthening the session by making it commence on the 1st of October (instead of the 1st of November), and continuing till the end of April, with a vacation of three weeks at Christmas. It was on Dr. Lee's motion resolved, by twelve to seven, at the close of a long debate, to represent to the Court the undue length of the long vacation (six or seven months), more particularly in certain classes of the Faculty of Arts, and the desirableness of extending the present sessions; the attention of the Court being specially called to a scheme for dividing the year into winter, spring, and summer sessions, with thirty weeks of teaching in place of twenty-three, the summer session being made optional, but reducing the curriculum from four years to three if taken.

TESTIMONIAL TO MESSRS. RUMP, OF WELLS.—A testimonial has been presented to the Messrs. Rump, of Wells, on their retirement from their long and extensive medical practice. A committee had some time previously been formed for this purpose, and the appeal, as anticipated, from the high esteem in which the Messrs. Rump are held, was cheerfully responded to both by rich and poor. The handsome sum of £253 was collected, and with this amount an elegant service of silver plate was purchased, consisting of four corner dishes, a soup tureen, and two small sauce dishes, with ladles to match, from Mr. Hancock, of Bruton-street, London.

A QUACK DOCTOR CHARGED WITH MANSLAUGHTER.—A "dispensing" druggist at Sleaford, named William Nightscales, has been charged by a coroner's jury with the manslaughter of his wife, whom he had "doctored" without knowing from what she was suffering. Mr. Bedford and Mr. Bissill, surgeons, were called in when the woman was in a dying state, and found that she was suffering from strangulated femoral hernia, and was not then able to bear an operation. Nightscales has been committed on the charge.

PRESENTATION.—At a dinner given by the Earl Talbot Lodge of Freemasons at Stafford on the 24th ult., J. Pilling, the Mayor, in the chair, a gratifying testimonial was made to W. J. Perrin, Esq., the surgeon of the lodge. After dinner the chairman presented the testimonial, a handsome silver cup, accompanied with an appropriate address on white satin. On the shield of the cup was the following inscription:—"Presented to W. J. Perrin, F.R.C.S., by the members of the Earl Talbot Lodge, M.U., as a grateful acknowledgment of his valuable services during a period of twenty-two years.—Stafford, Oct. 24, 1864."

MEDICAL VACANCIES.

Axbridge Union (No. 1 District)—Medical Officer.
Chester General Infirmary—Assistant House-Surgeon.
Royal Albert Hospital, Devonport—House-Surgeon.

MEDICAL APPOINTMENTS.

G. S. BRADY, M.R.C.S.E., has been elected President of the Sunderland Medical Society for the ensuing year.

J. T. BECK, M.R.C.S.E., has been elected Medical Officer for the Cambridge Union Workhouse, vice A. R. Temple, M.R.C.S.E., resigned.

W. F. BUTT, M.R.C.S.E., late House-Surgeon to the Royal Free Hospital, has been elected Resident Assistant-Surgeon to the St. Pancras Workhouse, vice H. G. Skinner, M.R.C.S.E., resigned.

W. N. HEYGATE, M.R.C.S.E., has been elected Resident Surgeon to the Reading Medical Dispensary, vice H. Cooper, M.R.C.S.E., resigned.

H. L. KEMPTHORNE, L.R.C.P.L., has been appointed Resident Medical Officer to the Public Dispensary, Carey-street, Lincoln's-inn, vice J. H. Galton, M.D., resigned.

S. H. KNAGGS, M.R.C.S.E., has been elected Medical Officer for the North District (as newly arranged, the late North District held by Mr. Jefferys having been divided into two, and called the North and North-East Districts) of the Parish of St. Pancras, and Public Vaccinator, vice W. E. Jefferys, M.R.C.S.E., resigned.

J. MAKENS, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Middleton District of the Teesdale Union, Durham, vice W. Ewart, M.D., resigned.

E. A. MALING, M.R.C.S.E., has been re-elected Librarian of the Sunderland Medical Society for the ensuing year.

W. H. G. PHELPS, M.D., has been elected Medical Officer and Public Vaccinator for District No. 10 of the Axbridge Union, vice F. R. Chadwick, M.R.C.S.E., deceased.

H. G. STUARKEY, L.R.C.P.Ed., has been appointed Medical Officer for the Gedney-hill District of the Holbeach Union, and Public Vaccinator, vice J. Heys, L.S.A., deceased.

J. TAYLOR, L.F.P. & S. Glas., has been elected Medical Officer for the Eyam District of the Bakewell Union, Derbyshire, vice J. Whitaker Hodgkinson, L.F.P. & S. Glas., resigned.

J. THOMPSON, L.R.C.P.Ed., has been elected Medical Officer for the North-East District of the Parish of St. Pancras, and Public Vaccinator, vice Jefferys, resigned.

F. WILTON, M.R.C.S.E., Assistant Medical Officer at the Gloucester County Lunatic Asylum, has been appointed Resident Medical Superintendent to the Carmarthenshire, Pembrokeshire, and Cardiganshire new Joint Lunatic Asylum at Carmarthen.

H. J. YELD, M.D., has been re-elected Secretary and Treasurer of the Sunderland Medical Society for the ensuing year.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

H. C. BRODRICK, M.D., 2nd Class Assist.-Surg. Madras Service, has attained the position of 1st Class Assist.-Surgeon.

R. G. BURTON, M.D., has been appointed Surgeon to the 21st Kent Rifle Volunteers.

A. L. S. CAMPBELL, Surg. 34th Bengal Native Infantry, has been transferred to the 20th Hussars (temporarily), vice Surg.-Major J. B. Harrison, M.D., proceeded on leave.

D. CAMPBELL, M.D., Assist.-Surg., has been removed from the F (Native) Battery Horse Artillery, Madras, to Deputy Inspector-General's Department, Presidency, doing duty at the General Hospital.

J. CHAPMAN, M.R.C.S.E., Assist.-Surg. in the 16th Middlesex Rifle Volunteer Corps, has been appointed Surgeon in the 7th Administrative Battalion of Middlesex Rifle Volunteers.

R. COCKBURN, M.D., Civil Surgeon of Benares, has been appointed to perform the medical duties of the Central Gaol at Benares during the absence on leave of Dr. Meir, or until further orders.

A. H. DOLMAN, M.R.C.S.E., has been appointed Assist.-Surg. to the 5th Derbyshire Rifle Volunteer Corps.

J. ERIN, M.B., Assist.-Surg. 4th Foot, has been appointed Staff Surgeon, vice Saunders, appointed to the 9th Foot.

G. T. FERRIS, M.R.C.S.E., Surg.-Major Royal Artillery, has been appointed Staff Surg.-Major, vice Franklyn, who has exchanged.

C. G. E. FORD, F.R.C.S.E., Surg.-Major Madras Service, has been appointed Acting Deputy Inspector-Gen. of Hospitals, with the temporary rank of Deputy Inspector-Gen. of Hospitals, and appointed to act in the Northern Division until further orders.

H. B. FRANKLYN, M.D., Staff Surg. Army, has been appointed Surgeon in the Royal Artillery, vice Ferris, who has exchanged.

A. GIBB, M.D., Staff Surgeon-Major Army, has been promoted to Deputy Inspector-Gen. of Hospitals, vice Mouat.

H. JAMESON, Staff Surgeon R.N. Aug. 14th, 1830, has been appointed Deputy Inspector-Gen. of Hospitals and Fleets, on the retired list.

B. J. JARDOWSKI, M.B., Assist.-Surg. 93rd Highlanders, Bengal, has been appointed to the medical charge of the Kangra Charitable Dispensary.

F. JOHNSON, M.B., Staff Assist.-Surg. Army, has been appointed Assist.-Surg. to the 13th Hussars, vice Armstrong, promoted on the Staff.

T. JOHNSTON has been appointed Assist.-Surg. to the 19th Lanarkshire Rifle Volunteer Corps.

T. KIPLING, M.R.C.S.E., Assist.-Surgeon R.N. June 24th, 1859, has been appointed to the "Duncan" (additional).

R. C. M'CLEMENT, M.R.C.S.E., Assist.-Surg. R.N. Dec. 28th, 1857, has been appointed to the "Duncan" (additional).

J. MACKENZIE, M.D., Staff Assist.-Surgeon Army, has been appointed Assist.-Surg. to the 62nd Foot, vice Alder, who has exchanged.

G. R. MATHER, M.D., has been appointed Assist.-Surg. to the 1st Lanarkshire Artillery Volunteer Corps, vice Gladman, deceased.

E. MITCHELL has been appointed Assist.-Surgeon to the 1st Administrative Brigade of Cathness-shire Artillery Volunteers, retaining his Commission as Hon. Assist.-Surg. in the 1st Orkney Artillery Volunteer Corps.

J. MOUAT, C.B. (Victoria Cross), F.R.C.S.E., Deputy Inspector-Gen. of Hospitals Army, has been promoted to Inspector-General of Hospitals.

Staff Assist.-Surg. MURPHY, doing duty with the 1st Batt. of the 4th Foot at Bombay, has been ordered to relieve Assist.-Surg. Hardinge in the medical charge of the Depôt at Kurrachee.

J. MURRAY, M.D., Deputy Inspector-General of Hospitals, Bengal Service, has been appointed to officiate as Inspector-Gen. of Hospitals, North-West Provinces, in the room of Dr. Bruce.

J. NIHILL, M.D., Surgeon R.N. Feb. 17th, 1858, has been appointed to the "Duncan" (additional).

S. B. PARTRIDGE, Assist.-Surg. (Brevet Surg.) Bengal Service, has been promoted to Surgeon.

C. T. PASKE, Assist.-Surg. Bengal Service, has been promoted to Surgeon, vice Surg. J. W. Mountjoy, retired.

F. J. PETTINGAL, M.R.C.S.E., Assist.-Surg. Bengal Service, officiating in civil medical charge of the Station of Gondah, has been confirmed in the appointment.

F. PERCY, M.R.C.S.E., Assist.-Surg. R.N. May 8th, 1856, has been appointed to the Portsmouth Division of the Royal Marines.

C. PLANK, M.D., Superintendent of the Central Prison at Agra, has been appointed Inspector-Gen. of Prisons in Burmah.

R. POTTER, M.D., Acting Assist.-Surgeon R.N., has been appointed to the "Rattlesnake."

J. R. PUREFOY, M.D., Assist.-Surg., doing duty with the 104th Foot at Bengal, has been transferred (temporarily) to the 24th Bengal Native Infantry at Peshawur, vice Campbell.

J. M. RIGBY, M.D., has been appointed Assist.-Surg. to the 3rd Administrative Brigade of Lancashire Artillery Volunteers.

W. H. ROBERTS, M.D., Assist.-Surgeon Madras Service, has been appointed Zillah Surgeon of Salem.

J. SCOTT, Acting Assist.-Surg. R.N., has been appointed to the "Rattlesnake."

J. A. SHAW, M.D., Staff Assist.-Surg. Army, has been appointed Assist.-Surg. to the 4th Foot, vice Ekin, promoted on the Staff.

J. SHAW, F.R.C.S.E., Inspector-Gen. of Hospitals Madras Service, with temporary rank, has been promoted Inspector-General of Hospitals, with permanent rank, in succession to Inspector-Gen. D. Macpherson, M.D., whose period of service has expired.

R. SIMPSON, M.D., Assist.-Surg. Bengal Service, has been promoted to Surg.

A. W. SMITH, M.D., has been appointed Hon. Assist.-Surg. to the 1st Lanarkshire Artillery Volunteer Corps.

W. A. SMITH, M.D., Assist.-Surgeon from B Battery D Brigade Royal Horse Artillery, has been removed from doing duty with the 32nd Madras Native Infantry to the 2nd Madras Light Cavalry.

H. W. SPRY, Assist.-Surg. Bengal Service, has been promoted to Surgeon.

W. STEPHEN, M.D., has been appointed Hon. Assist.-Surg. to the 1st Aberdeenshire Artillery Volunteer Corps.

R. R. SUTLEFFE, Surg.-Major Madras Service, has been appointed to act as Staff Surg., Rangoon, during Dr. Ford's absence, or until further orders.

E. TAYLOR, Assist.-Surg. Bengal Service, has been promoted to Surgeon.

A. M. TIFFETTS, Staff Assist.-Surg. Army, has been promoted to Staff Surg., vice Elliot, C.B., promoted on the Staff.

J. T. B. TORRANCE, M.D., Assist.-Surgeon R.N. Nov. 8th, 1862, has been appointed to the "Victory."

J. E. TUSON, M.D., Assist.-Surg. Bengal Service, has been promoted to Surg.

J. P. WALKER, M.D., has been appointed Professor of Hygiene in the Bengal Medical College.

Births, Marriages, and Deaths.

BIRTHS.

On the 12th ult., at Catterick, Yorkshire, the wife of J. W. Caley, M.R.C.S.E., of a son.

On the 18th ult., at Woodside-place, Glasgow, the wife of Geo. Rainy, M.D., of a son.

On the 19th ult., at Doughty-street, Mecklenburgh-square, the wife of W. Abbotts Smith, M.D., of a daughter.

On the 19th ult., R. Rowland, Surgeon, of Weston-Zoyland, near Bridgwater, aged 72.

On the 19th ult., at Castle-street, Edinburgh, the wife of J. Young, M.D., of a daughter.
On the 23rd ult., at St. Paul's-road, Highbury, the wife of G. T. Keele, M.R.C.S.E., of a daughter.
On the 31st ult., at Bakewell, the wife of D. Knox, M.D., of a son.

MARRIAGES.

On the 27th ult., at Haverhill, Suffolk, B. C. Smart, M.D., of York-street, Cheetham-hill-road, Manchester, to Celia Elizabeth, daughter of D. Gurteen, Esq., of Haverhill.
On the 29th ult., at St. Saviour's, Haverstock-hill, S. H. Knaggs, M.R.C.S.E., of Carlton Lodge, Kentish-town, to Louisa Colemam, daughter of the late R. Rogers, Esq., of Abercrombie Villa, Hampstead.

DEATHS.

On the 25th ult., at Bayswater, Dr. Gray, late of Amersham, aged 71.
On the 27th ult., at Dean-park, Govan, Glasgow, P. B. Hislop, M.D., aged 43.
On the 27th ult., at Upper Phillimore-place, Kensington, Percy Edmund, third son of T. Orme Dudfield, M.D., aged 9 weeks and 4 days.
On the 28th ult., at Chapel-terrace, St. Helens, John Casey, Esq., Surgeon, aged 76.
On the 28th ult., at Stratford-on-Avon, J. S. Craig, L.R.C.P.Ed.
On the 29th ult., E. Bletchly, M.R.C.S.E., of Tabernacle-row, aged 32.
On the 31st ult., at Weston-hill, Norwood, E. N. Gabriel, M.R.C.S.E., aged 64.
On the 31st ult., at Banbury, Owen Grimbly, M.D., eldest son of R. Grimbly, M.R.C.S.E., of Banbury, aged 35.

BOOKS ETC. RECEIVED.

Prof. Koeberlé de l'Ovariotomie.
Dr. Fraser's Elements of Materia Medica.
Galloway's Manual of Qualitative Analysis.
Holmes's System of Surgery. Vol. IV.
Dr. Hammond's Military Medical and Surgical Essays. (Philadelphia.)
A Woman's Example and a Nation's Work.
Confederate States Medical and Surgical Journal. No. I.
Fisher's Military Discipline and Volunteer Philanthropy.
Mr. E. Toller on Treatment of the Insane.
Dr. Pears's Sermon: "The Physician and his Work."
Dr. S. Durkee on Gonorrhœa and Syphilis. (Philadelphia.)
Dr. W. H. Byford on Inflammation of the Uterus. (Philadelphia.)
Noad's Manual of Chemical Analysis. Part II.
Dr. Schalbie's First Help in Accidents.
Art Journal.

Medical Diary of the Week.

MONDAY, Nov. 7	St. Mark's Hospital for Fistula and other Diseases of the Rectum.—Operations, 1½ P.M. Metropolitan Free Hospital. — Operations, 2 P.M. Royal Institution. — 2 P.M. General Monthly Meeting. Epidemiological Society. — 8 P.M. Address by the President. Medical Society of London. — 8 P.M. General Meeting. — Dr. Gibb, "On Throat-Cough." — Mr. A. Balmanno Squire, "On Diseases of the Skin caused by the Acarus." Odontological Society.—8 P.M. Mr. Chas. Jas. Fox, "On the Preparation of the Mouth for the Reception of Artificial Teeth."
TUESDAY, Nov. 8	Guy's Hospital.—Operations, 1½ P.M. Westminster Hospital.—Operations, 2 P.M. Ethnological Society.—8 P.M. "Report of the Ethnological Proceedings in Section E of the British Association at Bath."—"An Account of some Rude Tribes, the supposed Aborigines of Southern India." By Dr. Shortt.—"On Fixity of Type." By the Rev. F. W. Farrar. Royal Medical and Chirurgical Society of London.—8½ P.M. Dr. Robert Lee, "On the Nerves of the Heart."—Dr. Gibb, "On Removal of a Growth from the Epiglottis."
WEDNESDAY, Nov. 9	Middlesex Hospital.—Operations, 1 P.M. St. Mary's Hospital.—Operations, 1 P.M. St. Bartholomew's Hospital.—Operations, 1½ P.M. Great Northern Hospital, Caledonian-road. —Operations, 2 P.M. University College Hospital. — Operations, 2 P.M. London Hospital.—Operations, 2 P.M.
THURSDAY, Nov. 10	St. George's Hospital.—Operations, 1 P.M. Central London Ophthalmic Hospital. — Operations, 1 P.M. London Surgical Home.—Operations, 2 P.M. West London Hospital.—Operations, 2 P.M. Royal Orthopædic Hospital. — Operations, 2 P.M.
FRIDAY, Nov. 11	Westminster Ophthalmic Hospital. — Operations, 1½ P.M.
SATURDAY, Nov. 12	St. Thomas's Hospital.—Operations, 1 P.M. St. Bartholomew's Hospital.—Operations, 1½ P.M. King's College Hospital.—Operations, 1½ P.M. Royal Free Hospital.—Operations, 1½ P.M. Charing-cross Hospital.—Operations, 2 P.M.

To Correspondents.

THE MARYLEBONE PARISH.

A Vestryman.—The result of the poll fully verifies the correctness of our remarks with reference to this miserable affair, Dr. Whitmore having obtained 81 votes, his fellow-vestryman, his opponent, having only 15. Dr. Whitmore, in his statement before the Vestry, has not given the facts correctly. The question, so far as regards the part taken in it by THE LANCET, was purely a public and not a personal one. The document, we believe, to which Dr. Whitmore refers was signed certainly by the large majority in support of a great public principle. It is pitiable to see the Vestry of a large and influential parish like Marylebone resorting to proceedings to secure the election of a particular candidate, which were worthy of the worst days of select vestries and rotten boroughs. We ceased our remarks upon the subject, not in consequence of the withdrawal of a candidate, but in consequence of the facts that transpired during the canvass. We felt assured that the election of Dr. Whitmore had been secured, and that no person, whatever might be his qualifications for the office, would have the least possible chance of success. The whole proceedings in reference to this transaction can only be characterized as a farce, and if they had violated no really constitutional principle we might have been satisfied with passing them over in silence and regret; but it would have been a breach of duty on our part not to expose the jobbery of this "immaculate" Vestry. Personally we can have no objection to Dr. Whitmore; he is a gentleman of character and respectability, and, as a vestryman, has shown great capacity as a speaker and as what is called a practical man. Now that he is elected, we have no doubt he will use his best endeavours to fulfil the important duties confided to him. But the facts relating to his election will remain, and we must say that they are not creditable to the parties concerned; they furnish, in fact, the materials of a history which may well "point a moral," if they do not "adorn a tale."

Mr. William Stuart Munro's articles shall be returned to him.

BOYS' DRESS.

To the Editor of THE LANCET.

SIR,—May I be allowed to ask information from some of your readers on a subject which, although at first sight insignificant, is, I think you will agree with me, of great importance to the healthy growth of the youth of England.

I have always avoided the employment of "braces" in the dress of my little boys, being under the impression that they impede the free use of the arms and shoulders, and that they tend to contract the chest. A slight undervesteoat in my family answers all the purposes required by braces, and this plan I consider preferable also to the use of the waist-belt, which, in order to give sufficient support, is apt to be unduly tightened round the body. The older the boys grow, and the more they are engaged in active sports and athletic exercises, the more freedom in their dress they require; and having recently placed my sons at school where "physical training and development" are professedly carried out and promoted, I certainly was surprised to find that the pupils, as a rule, wear braces, my boys being the exception.

I should very much like to have a trustworthy opinion as to the merits or demerits of "braces" before I accede to the request that I will furnish my little sons with an article of dress upon which I have always looked with disfavour.

I am, Sir, yours obediently,
October, 1864. MATER.

Student, (second year.)—The value of the presence of elastic fibres in expectoration as a sign of the second stage of tuberculosis has probably been much exaggerated. Recent writers on pulmonic diseases have stated that elastic fibre may be found in the sputa of persons labouring under chest affections which have only a distant connexion with the more common malady.

Mr. Litchfield, (Twickenham.)—*Next week.*

A Young Practitioner.—Such reports amount to slander, and if any specific damage can be proved to have arisen from their circulation, an action could be brought, and heavy damages recovered.

T. O. T.—Fresh vegetable structures may be preserved in glycerine.

SURGICAL MECHANISM IN LIVERPOOL.

To the Editor of THE LANCET.

SIR,—I am anxious not to occupy your valuable space after your kindness in inserting my first letter, nor do I wish that this subject should be the means of advertising one's business; but as Mr. Wood, of this town, has thought fit to reply, and in a way calculated to impugn my veracity, allow me to inform you, from inquiries made, I find there are but three surgical instrument-makers in this town—viz., Mrs. Robinson, who employs two workmen; Mr. Wood, who employs a like number; and Mr. Reynolds, who employs four. You will, I think, agree with me that that number of men cannot possibly comply with the requirements (i.e., reasonable charges and prompt attention) of poor unfortunates like myself, of which there are hundreds in a town like this of over half a million inhabitants. If Mr. Wood is prepared to dispute with me that a large quantity of work (and that of the best class) is not sent to London, I am willing to hand over a guinea to each of our local charities if I fail to prove the truth of my assertions by giving the names of those London houses who supply surgeons here; otherwise Mr. Wood to do the same. Distinctly understand I refer to the more elaborate instruments for deformity only.

Yours, &c.,
Liverpool, November, 1864. A CRIPPLE.

P.S.—I do not call a tradesman a *surgical instrument-maker* to six or eight institutions when he occasionally supplies a truss to one workhouse, a splint to another, a stump-leg to another, &c. I speak of the skilled mechanist.

Sperans.—1. The examination alluded to is confined to professional subjects—viz., Anatomy, Physiology, Pathology, Therapeutics, and Surgery.—2. The senior candidates (i. e., members of twelve years' standing) operate on the dead body; the junior candidates both operate and dissect.—3. Our correspondent had better apply to the Secretary of the College for previous examination-papers, as giving the best idea of the nature of the examination.—4. The fee is ten guineas to members, and thirty guineas to non-members.

V.—Unless a specific agreement were made, he could not recover more than three months' salary.

Sceptical may refer to an article in THE LANCET of October 22nd, p. 470.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.

To the Editor of THE LANCET.

SIR,—I have been requested to hand to you for publication the enclosed correspondence. I am, Sir, yours obediently,

15, Old Cavendish-street, Oct. 29th, 1864. TILBURY FOX.

[COPY.]

"17, Henrietta-street, Cavendish-square, Oct. 25th, 1864.

"GENTLEMEN,—It is with great regret that we feel ourselves under the necessity of sending in our resignation of the appointment which you were good enough to confer upon us in your hospital. Our reasons for this step are of a professional nature. They are well known to one member of your body, Mr. Milton, and we leave any explanation that you may require in his hands. "We are, Gentlemen, with great respect,

"Your faithful servants,

"ERASMUS WILSON.
"TILBURY FOX.
"To the Committe of St. John's Hospital." "J. MILL FRODSHAM.

[COPY.]

"17, Henrietta-street, Cavendish-square, Oct. 25th, 1864.

"DEAR MR. MILTON,—We have just come to the knowledge that your practice is in great measure devoted to Spermatorrhœa; that you have published a book under that name, and that a new edition of that book is about to appear, bearing on its title your office of Surgeon to St. John's Hospital.

"We, as your colleagues in St. John's Hospital, are in the position of your partners, and we feel that an act, or rather the reputation of an act, of one of the partners must necessarily be shared by the whole.

"We need hardly remind you in what discredit the subject of spermatorrhœa is held by the profession at large, and we feel that we are in danger of being compromised by our association with one who makes such a subject his specialty.

"It is not in your private capacity that we address you, but as a public author, and we regret very much the necessity which at present compels us to announce to you that we have this day sent into the Committee of St. John's Hospital our resignation of the appointments in that institution, which we had hoped to be able to hold for many years to come.

"We are yours faithfully,

"ERASMUS WILSON.
"TILBURY FOX.
"J. L. Milton, Esq." "J. MILL FRODSHAM.

To the Editor of THE LANCET.

SIR,—I shall not trouble you with any remarks about the withdrawal of my late colleagues from St. John's Hospital, or the prospects of the institution itself; but I cannot allow a statement, purporting that I have published a pamphlet of an unprofessional nature, to go forth without giving it the most unqualified contradiction.

The work in question was the seventh edition of a reprint from THE LANCET, which had been most favourably reviewed in some of the leading medical journals. In one of the criticisms upon it, the reviewer stated that it was impossible the subject could have been handled in a more unexceptionable manner. It was always in the hands of a most respectable publisher, and the advertising of it was confined to a few occasional announcements in the medical journals. I should have considered it much more unprofessional to have omitted than to have inserted the title of Surgeon to St. John's Hospital in such a work.

If it be unprofessional to attend to patients suffering under spermatorrhœa, let the fact be stated openly. In my ignorance I imagined that such practice was quite as unexceptionable as treating gonorrhœa or syphilis, and a great many other persons seem to be of the same opinion, as I have good reasons for stating that, one time or other, half the consulting surgeons in London prescribe for spermatorrhœa; indeed I never heard of any person but the late Dr. Golding Bird declining to see patients of this class. Now, let the leading surgeons say that they will henceforth not see another spermatorrhœa patient, and I will do the same thing. Let it be understood, once for all, that there is to be no more writing on the subject, and I undertake to cancel all existing copies of my work.

I am not going, Sir, to enter into any paper warfare. What I have to say in your columns I have now said; and if I have not satisfied you that I did nothing unprofessional in this matter, I despair of doing so.

I remain, Sir, yours faithfully,

J. L. MILTON.

Devonshire-street, Portland-place, Oct. 31st, 1864.

*** It has, we believe, never entered the mind of any reasonable person to state that "to attend to patients suffering under spermatorrhœa is unprofessional." Mr. Milton's colleagues must object to his writings on the subject as being "unprofessional," but that is quite another question; and speaking especially of the edition of 1856, we characterize it as a most objectionable production, containing a large amount of matter which would never have been admitted into our pages, and which has given us reason to regret having admitted any communication whatever from Mr. Milton's pen, seeing the bad company which he has given to the papers we inserted for him. It is right to add, however, that we have examined the seventh edition, just published, and find that the more objectionable matter has been expunged from that issue.—ED. L.

Dr. J. J. M'Gregor (Upper Seymour-street) informs us that, though his name does not appear in the Medical Directory of the present year, it is in that of 1860; that he graduated in 1833 at Edinburgh, and since then he has been a zealous student of medicine. We shall not question the truth of this statement; but we must regret that any qualified member of our profession adopts the most objectionable system of advertising which Dr. M'Gregor has resorted to, and which is repugnant to every principle of medical ethics. We see no reason to alter the opinions we expressed with respect to the absurd mode of treatment endorsed by Dr. M'Gregor.

Alpha.—The seeds of several plants of the division Confervæ are both edible and nutritious.

L.—The *Levant Review* has ceased to exist. Its amiable editor, Dr. Foote, died recently; but the *Review* had stopped before his demise.

MURIATED TINCTURE OF IRON.

To the Editor of THE LANCET.

SIR,—In your impression of the 29th instant there are two suggestions for preparing the tinctura ferri perchloridi. One correspondent proposes to substitute water for spirit, thus making it no tincture at all; the other proposes to substitute, without further comment, the process of the late Dublin Pharmacopœia, which furnishes a product three times as strong.

The process of the late London Pharmacopœia was unexceptionable, provided the soluble oxide (a process for which was given) was employed; but this was rarely, if ever, met with in commerce, and here arose a difficulty and a source of irregularity. I have never met with a sample of commercial oxide perfectly soluble, and no two samples dissolved to the same extent. Your correspondent, Mr. Chandler, was therefore right in using a perfectly soluble oxide; but his substitution of water for spirit was a needless innovation, which could serve no object but that of a small economy. In order to meet the difficulty I have referred to, the process of the British Pharmacopœia was devised, and if slightly modified it answers its purpose remarkably well. The quantity of hydrochloric acid is certainly too small, and the evaporation is not carried far enough.

The following formula will be found to succeed:—

Take of soft iron-wire, two ounces.
Hydrochloric acid, sp. gr. 1·16, twelve fluid ounces.
Nitric acid, sp. gr. 1·5, six fluid drachms.
Distilled water, seven fluid ounces.

Dilute the acid with five ounces of the water, and pour the mixture upon the iron-wire in successive portions, applying a gentle heat when the action becomes feeble, so that the whole of the metal may be dissolved. To the nitric acid add the remaining two ounces of water, and having poured the mixture on the solution of iron, evaporate the whole till reduced to five fluid ounces. When cold make up the solution by adding water to ten fluid ounces. This *liquor* may be kept for any length of time, and, when required for tincture, is simply mixed with three volumes of rectified spirit. The tincture thus obtained will be (what the British Pharmacopœia intended) of the same strength as that of the London and Edinburgh Pharmacopœias, which it fully represents.

I must take this opportunity of deprecating unnecessary deviations from the British Pharmacopœia; the formulæ there given are for the most part very good, and with a little modification may be made workable. It is quite impossible to carry on the accurate dispensing of medicines if the book, such as it is, is to be wholly ignored. It is totally unjustifiable for one person to leave out the whole of the spirit in a tincture, and for another to prepare and substitute a preparation three times the strength of the tincture intended to be used. Yours obediently,

Oxford-street, October, 1864. P. SQUIRE.

To the Editor of THE LANCET.

SIR,—The following formula for the preparation of muriated tincture of iron, and which we have found to keep very well without depositing, may possibly be of service to your readers:—

Take of Ferri sesquiox., two pounds avoirdupois.
Acid hydroch. pur. (P.L.), four pints and a half.

Boil well in a pipkin until dissolved (about three hours is sufficient); then measure the solution, and add rectified spirit (60 over proof) and distilled water, of each equal parts, so that the tincture shall measure twelve pints; lastly, filter. We remain, Sir, yours respectfully,

Baker-street, November, 1864. CURTIS AND CO.

To the Editor of THE LANCET.

SIR,—Can you or any of your readers inform me for what object spirit is used in the preparation of muriated tincture of iron? And whether a preparation with water substituted in the same proportion does not contain an equal amount of iron in solution? I ask these questions because I have for many years administered such a solution in the treatment of diseases for which the use of ferruginous compounds are indicated with most satisfactory results. Yours, &c.,

November, 1864. CHALYBS.

M. P.—University College was originally called the London University, and University College Hospital was then called the North London Hospital. The Great Northern Hospital is situated in the Caledonian-road; it has no connexion with University College.

Studens.—Pott's works were published in four volumes, and may be occasionally obtained second-hand. Application may be made to Kimpton, of Wardour-street.

THE letter of our Paris correspondent is postponed until next week.

THE UMBILICAL CORD.

To the Editor of THE LANCET.

SIR,—"D. J.," in your number for Sept. 10th, 1864, relates a case of the umbilical cord being *three* times round the child's neck, and its measurement of thirty-seven inches, and desires to know the experience of others.

On January 9th, 1860, I attended a Mrs. R——, aged thirty-seven, sixth pregnancy, where the cord was six times round the child's neck, and measured exactly five feet. Yours, &c.,

Bermondsey, Nov. 1864. R. S.

THE DUKE OF CAMBRIDGE AT NETLEY.

WITH reference to a letter which was dated from the Junior United Service Club, and which appeared in our last number, we are requested to state that the absence of the principal medical officer on the occasion alluded to arose from causes of a purely personal and private kind, that gentleman having left the garrison the previous day on domestic affairs.

A. B. C.—Liston, we believe, was the first who accurately described the disease. Acute œdema of the scrotum is not common; but the prompt treatment recommended by that eminent surgeon cannot be too urgently enjoined.

H. A.—Dr. Brown-Séquard is not practising in London at the present time. He occupies a chair of Physiology at Boston.

THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH.

THE regulations of these bodies have been somewhat altered since the issue of the programme published in the Students' Number of THE LANCET on September 17th. Attention is drawn more particularly to the following changes:—

The candidate must have attended the following separate and distinct courses of lectures:—Anatomy, two courses, six months each; Practical Anatomy, twelve months; or, in the option of the candidate, Anatomy, one course, six months; Practical Anatomy, eighteen months. Chemistry, one course, six months. Practical or Analytical Chemistry, one course, three months. Materia Medica, one course, three months. Physiology, not less than fifty lectures. Practice of Medicine, one course, six months. Clinical Medicine, six months. (In addition to the above courses of Practice of Medicine and Clinical Medicine, one course of six months of either of these at the option of the student.) Principles and Practice of Surgery, one course, six months. Clinical Surgery, one course, six months. (In addition to the above courses of Surgery and Clinical Surgery, one course of six months of either of these at the option of the student.) Midwifery and the Diseases of Women and Children, one course, three months. Medical Jurisprudence, one course, three months. Pathological Anatomy, three months. Botany, one course, three months.

No student beginning Professional study after September, 1865, can be registered who has not passed the Preliminary Examination in General Education of the Colleges, or one of the following equivalent examinations: A degree in Arts of any University of the United Kingdom or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council. Oxford Responsions or Moderations. Cambridge Previous Examinations. Matriculation Examination of the University of London. Oxford Senior Middle-Class Examinations.* Cambridge Senior Middle-Class Examinations.* Durham Senior Middle-Class Examinations.* Durham Examinations for Students in Arts in their second and first years. Durham Registration Examination for Medical Students. Dublin University Entrance Examination. Queen's University, Ireland: two years' Arts course for the diploma of Licentiate in Arts; Preliminary Examinations at the end of the A.B. course; Middle-Class Examinations; Matriculation Examinations. First-Class Certificate of the College of Preceptors. Certificate that the holder has successfully passed the Preliminary Examinations of any of the Licensing Bodies under the Medical Act.

Candidates who have passed the First Professional Examination of any of the licensing boards recognised by the Medical Act, will be admissible to the Second Professional Examination on producing certificates of the whole course of study prescribed, and paying the fee of £16. In conducting the examination, none of the subjects set down in section 8 will be omitted, even if some of them should have formed part of the First Examination by another Board. Unsuccessful candidates under this regulation will receive back £14 of the £16 paid by them.

The following will be the periods of examination for the diploma of the Royal College of Surgeons of Edinburgh for the year 1864-65:—

1. Preliminary Examinations in General Education: October 29th, 1864; November 12th, 1864; April 29th, 1865; July 29th, 1865.

2. First Professional Examinations: October 25th, 1864; January 24th, 1865; April 4th, 1865; May 2nd, 1865; July 11th, 1865; July 25th, 1865; October 24th, 1865.

3. The Second Professional Examinations will take place immediately after the conclusion of each of the First Professional Examinations.

FEES.—For the diploma of the College, £10; for a certificate of qualification to act as Assistant-Surgeon in the Navy, when no previous qualification has been received from the College, £5 5s.; for a certificate to an Assistant-Surgeon of the Royal Navy, of qualification to act as full Surgeon, £5 5s.

The sums stated above include all fees of every kind, and the officer is prohibited from receiving any.

NOTE.—The fee payable for the diploma by Apprentices of those who were Fellows of the College prior to the Charter of 1851 is £5.

* Junior Middle-Class Examinations, if passed prior to the 1st January, 1863, will also qualify.

X. Y. Z.—1. The solicitor of the Medical Council, under whose supervision the proposed alterations in the Medical Act will be effected, is Frederic Ouvry, Esq., of 66, Lincoln's-inn-fields.—2. Yes. The Medical Council, at their annual meeting in 1863, expressed their willingness to receive any suggestions that might be offered to them.

S. M.—Any respectable practitioner can treat the case. Avoid the advertising impostors.

THE PRESERVATION OF INFUSIONS.

To the Editor of THE LANCET.

SIR,—For the benefit of my brother practitioners, I beg to state that I have found the addition of about one drachm of chloric ether to the pint of any freshly-made infusion, and then corking the bottle so as to prevent the ether evaporating till it has cooled, will keep the infusion good for almost an indefinite period. I have now before me some infusion of senna, made last May, perfectly good. A smaller quantity of ether will be of great service, provided the infusion is not required to keep long.

I am, Sir, yours obediently,

The Cedars, Slough, Nov. 1864. W. U. BUÉE, M.R.C.S.

Photos.—We believe that both calcium and magnesium have lately been used as a source of light for photographic purposes, it having been found that the illumination obtained from their combustion exceeds in intensity anything that can be got from bodies whose oxides are gases.

Judex.—According to Professor Mosler, of Giessen, benzine is the only rational remedy in trichinosis occurring in man.

A Regular Reader.—Mr. Soelberg Wells's or Mr. White Cooper's works on Defective Vision.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of THE LANCET.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

H. C. Wildash, Esq., East Ashford	£0	10	6
R. Davies, Esq., Dunmow	0	5	0
T. A. Stephenson, Esq., Radford	0	5	0
Amount previously announced	91	5	0
Received at THE LANCET Office	5	13	0

Yours obediently,

ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate-street Without, Nov. 2nd, 1864.

Amicus Justitiæ.—He possesses the same privileges in England as he would have possessed in Scotland. He could certainly charge for attendance, and we believe also for medicines supplied.

Ambidexter.—At the meeting of the British Pharmaceutical Conference, Mr. Warren gave a list of the plants cultivated, and the acreage they occupied:

"The yield of oil per acre varied with season and soil: lavender yielded 10 lb. to 20 lb. per acre, the second year's growth giving more than the first or third; peppermint, 8 lb. to 12 lb., though much influenced by soil; 4 cwt. of camomiles were obtained from an acre, and gave 8 lb. of oil; and pennyroyal afforded about 12 lb. of oil per acre. Mitcham produces annually 30,000 to 40,000 bushels of roses, and about 11 tons of camomile flowers. The details of extraction of essential oils were then given, and some remarks made on the rotation of medico-agricultural crops."

Mater.—Mrs. Baines's little work on the Food of Infants has been translated into the French language by the International Association for the Progress of Social Science held at Ghent.

THE PORTRAIT OF JOHN HUNTER.

To the Editor of THE LANCET.

SIR,—Having seen a notice in your impression of October 22nd with reference to the portrait of John Hunter, in answer to "A Collector," I beg to inform you that I have a portrait from the pencil drawing of Sir Nathaniel Holland in 1793, which is in good preservation and considered very excellent, and I should feel inclined to part with it for a suitable sum. I enclose my address, and remain, Sir,

Yours truly,

November, 1864. B.

SEVERAL communications which are not replied to in this week's LANCET will receive attention in our next issue, to which our correspondents are referred.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Thudichum; Dr. Hughes Bennett; Dr. Crowther; Mr. Moore; Mr. Dawson; Mr. F. D. Fletcher (with enclosure); Mr. E. Barker; Mr. Hebblethwaite (with enclosure); Mr. J. Lawrence; Mr. Borchardt, Manchester; Mr. T. F. Hale; Mr. Squire; Dr. Cookson, Preston; Mr. Crofts; Dr. H. J. Yeld, Sunderland; Mr. Grimbly, Banbury; Mr. Scofield (with enclosure); Mr. Bell, Preston; Dr. Leupoldt, Erlangen; Mr. Marston; Mr. Cæsar, Cardiff; Dr. Wiblin, Southampton; Dr. Brett, Watford; Mr. Jackson, Dorchester (with enclosure); Dr. Dudfield; Mr. Beet, Ashford (with enclosure); Mr. O. Fowler (with enclosure); Dr. Brown, Preston; Dr. Phelps; Mr. Wood, Kirby (with enclosure); Mr. Campbell; Dr. E. Berry; Mr. Carter, Stroud; Mr. Griffin, Weymouth; Mr. Allen; Mr. Hockin; Mr. J. Williams (with enclosure); Dr. Bree; Mr. Craven, Hull (with enclosure); Dr. R. Fowler; Mr. Sutton; Mr. Wearne, Devonport; Mr. Beveridge (with enclosure); Mr. Sylvester, Charfield; Dr. Coates, Bournemouth; Mr. T. Croft, Snitterfield; Mr. Cally; Dr. Sheen, Cardiff; Mr. Holmes (with enclosure); Mr. Buée, Slough; Mr. L. Ash; Mr. Seddon; Mr. Ratton, Cork; Mr. Stevens, Plymouth; Mr. A. Barratt (with enclosure); Dr. Hardy, Byer's Green; Mr. G. Barber, Liverpool; Dr. Knox, Bakewell; Dr. Moore, Dublin; Dr. Leacroft; Dr. Watson; Mr. Parkinson; Mr. Edwards, Crewe; Dr. M'Gregor; Mr. Ellis, Newcastle; Messrs. Curtis and Co.; Dr. H. J. Winslow, Wandsworth; The Surgeon-General, Confederate States Army, per Major Huse; A Regular Reader; A Cripple; Amicus Justitiæ; Young Practitioner; V.; Royal Institution; M.D.; Medicus, Birmingham (with enclosure); E. M. M. (with enclosure); Beta (with enclosure); H. W.; A Militia Surgeon; E. B.; Mater; H. A.; An Indian Medical Officer; R. S.; Sceptical; S. M.; The Secretary of the Anthropological Society; T. S.; Glasgow Medical Society; &c. &c.

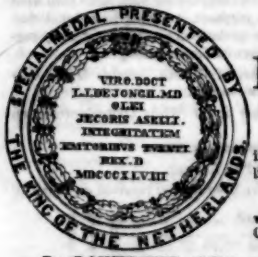
THE *Bucks Advertiser*, the *Preston Herald*, and the *Exeter Gazette* have been received.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£2	12	0
For every additional line.....	0	0	6	For a page	5	0	0

The average number of words in each line is eleven.

Advertisements which are intended to appear in THE LANCET of any particular week, should be delivered at the Office not later than on Wednesday in that week: those from the country must be accompanied by a remittance.



DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

SELECT MEDICAL OPINIONS.

Sir HENRY MARSH, Bart., M.D., Physician in Ordinary to the Queen in Ireland:—"I consider Dr. de Jongh's Cod-liver Oil to be a very pure Oil, not likely to create disgust, and a therapeutic agent of great value."

Dr. BARLOW, Physician to Guy's Hospital:—"I have been well satisfied with the effects of Dr. de Jongh's Cod-liver Oil, and believe it to be a very pure Oil, well fitted for those cases in which the use of that substance is indicated."

Dr. LANKESTER, F.R.S., late Lecturer on the Practice of Medicine, St. George's School of Medicine:—"I consider that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a chemist and intelligent a physician as Dr. de Jongh, who has also written the best Medical Treatise on the Oil with which I am acquainted. Hence I deem the Cod-liver Oil sold under his guarantee to be preferable to any other kind as regards genuineness and medicinal efficacy."

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

Bastick's more Certain Forms of REMEDIES.

LIQUOR COLCHICINÆ, LIQUOR HYOSCYAMINÆ, LIQUOR SMILACINÆ. (*Vide* THE LANCET, Feb. 12, 1859.)

OLEUM MORRHUÆ CUM QUINA, OLEUM MORRHUÆ CUM FERRI IODIDO, and other Medicated Cod-liver Oils.

MANGANESE CUM POTASSA; the most efficient and painless caustic for cancer, &c., and corrective of fœtid ulcers, &c.

LIQUOR CALCIS CONCENT.; for the administration of lime in milk, and other bulky vehicles.

AMMONIÆ VALERIANAS (LIQUOR); a valuable stimulant and antispasmodic in neuralgia, hysteria, &c.

FERRI ET STRYCHNIÆ CITRAS (LIQUOR), recommended in Atonic Dyspepsia and in functional uterine derangements.

W. BASTICK begs to direct the attention of the profession to the above Remedial Agents, as originally devised and prepared in his laboratory.

Brook-street, Bond-street, London.

Jozeau's Copahine Mege, successfully

tried in the Paris and London Hospitals, under the care of Messrs. Cullerier, Ricord, Lloyd, Poland, and Le Gros Clark (LANCET, Nov. 6th, 1852), is usually effectual in about six days, either in recent or chronic diseases.—4s. 6d. per bottle, by post 5s. 2d., at G. JOZEAU'S, French Chemist, 49, Haymarket, London; and 126, Boulevart Magenta, Paris.

Pure Chemicals, & Chemical Apparatus.

—PETER JONES, Operative Chemist, 11, Norton Folgate, adjoining Bishopsgate-street, London, N.E., and opposite the City of London Theatre, begs to inform the Medical Profession, Lecturers, Students, and Amateurs, that he continues to manufacture and supply PURE CHEMICALS, and CHEMICAL and PHILOSOPHICAL APPARATUS of the best workmanship, at the lowest possible prices. Priced Catalogues may be had gratis on application or will be forwarded on receipt of address and postage-stamp. All orders from the country must be accompanied by a remittance, or order for payment in London.

The General Apothecaries' Company

(Limited), 49, Berners-street, London, and 4, Colquitt-street, Liverpool, beg to direct the attention of the Medical Profession to the following Preparations:—

Concentrated Decoction and Tincture of the Atherospermum Moschatum, recommended in THE LANCET of Feb. 1st, 1862, as a valuable remedy in Chronic Bronchitis, &c.

Capsules of the Ol. Filicis Maris, a most convenient mode of administering this useful medicine.

Pepsine Wine of superior strength and quality.

Hydrogenii Peroxidum. Ext. Fuci Vesiculosi. Bismuthi Tannas. Acid. Carbolic. Liq. Calc. Sacchar. Liq. Ammon. Valer. Liq. Tritici Repent. Liq. Hyd. Pernit. Liq. Ferri Peracet. c. Quina. Liq. Ferri Perchlor. Ferri Cit. c. Strychnia. Ferri Cit. c. Zinco. Ferri Cit. Efferves. Ferri Cit. c. Quina Efferves. Ferri Carb. Efferves. Quinæ Cit. Efferves. Potassii Bromid. Ammon. Bromid. Syrup. Ferri Phosph. Co. Lithiæ Cit. Tr. Actææ Racemosæ. Cerii Oxalas. Tr. Veratri Viridis. Ferri Cit. c. Cinchonine. Ferri Cit. c. Quina et Strychnia. Ammon. Bromid. Efferves.

Sole Agents in Great Britain for Tilden's American Preparations.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

Brown's Cantharidine Blistering

TISSUE, prepared from pure Cantharidine. An elegant preparation, vesicating in much less time than the Emp. Lyttæ, P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent practitioners in the kingdom.—In tin cases, containing ten feet, 6s. 6d.; and small cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, Burns, &c., and may be called a companion to the above.—In tin cases, containing twelve square feet, 1s. 6d. each.

Sole Inventor and Manufacturer, T. B. BROWN, Birmingham. Sold by all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.

Brompton Turkish Baths, Alfred-

place, Thurloe-square.—This Establishment is open daily from 7 A.M. to 8 P.M., under the immediate superintendence of the Proprietors, Messrs. E. & C. POLLARD, M.R.C.S.E.

N.B.—Cards sent upon application.

Sulphates of Quinine.—

Patented July 29th, 1853.—WHITE in 1 oz. and 4 oz. Bottles.—UNBLEACHED, now extensively used for ten years in the large London and Provincial Hospitals, Dispensaries, &c. &c., and, though naturally less refined than the white, is equally free from cinchonine. In 1 oz. and 3 oz. Bottles.

To be had of all the Wholesale Druggists, and in quantities of not less than 100 ounces, from the Manufacturer, JACOB HULLE, Chemical Works, Lombard-road, Battersea, S.W.

Quinæ Sulph. (Semi-Crystallized.)—

This preparation possesses all the active Alkaloids of Yellow Cinchona Bark, combined with Sulphuric Acid, without the useless Gum, Starch, and woody matter.

By avoiding the usual repeated Crystallizations, necessary for the separation of the various Alkaloids of Quinine, Quinidine, Cinchonine, &c., and by preparing it in only a semi-crystallized form, this article is produced at nearly half the cost of pure Sulphate of Quinine.

Prepared by HERRINGS and CO., Wholesale Druggists, 40, Aldersgate-street, London, E.C.

Liquor Bismuthi (Schacht),

carefully purified from arsenic and other contaminations. A fluid preparation of Bismuth, not decomposed by dilution. Dose, 1 drachm, diluted.

From the favour with which this invention has been received by the profession, preparations of the same name have been introduced by other makers, and much disappointment has been experienced. The Inventor begs, therefore, most earnestly to request Prescribers and Chemists in all cases to order Liquor Bismuthi (*Schacht*).—Prepared by G. F. SCHACHT, Chemist, Clifton.

London Agents: Messrs. DREW, BARRON, & CO., Bush-lane; and Messrs. SAVORY & MOORE, New Bond-street.

Aloina. — T. and H. Smith, the

Discoverers of this,

THE CRYSTALLINE PURGATIVE PRINCIPLE OF ALOES,

(vide "Edinburgh Monthly Journal of Medical Science" for Feb. 1851,) continue to prepare and supply it. They have the gratification of knowing that the most eminent of the Profession prescribe it, to the exclusion altogether of the various kinds of aloes.

Orders executed direct, or through any Drug House, by T. & H. SMITH and CO., 69, Coleman-street, City, London, and 21, Duke-street, Edinburgh.

Liq. Ferri Pomati, as recommended

by many of the most eminent of the Faculty, price 5s. per lb.

Syrup of Albuminate of Iron and Soda,

Also

Syrup of Albuminate of Iron and Potash.

The above new Preparations of Iron and Albuminate will be found much more nutritive, and more readily assimilated, than any of the other Preparations of Iron. They have the advantage also of not blacking the teeth or tongue, and being quite free from that inky flavour peculiar to Iron Preparations. Price 4s. per lb.—Prepared by R. M. JOHNSON, Pharmaceutical Chemist, 70, Tottenham-court-road.

Liquor Carbonis Detergens, or

CONCENTRATED ALCOHOLIC SOLUTION OF THE ACTIVE PRINCIPLES OF COAL TAR.—A new remedy in Cutaneous affections, &c., presenting in an elegant and effective form the several virtues of the Tar, which are held in solution by the Alcohol, and thus rendered applicable to all the purposes of Hygiene, Medicine, and Natural History. As a dressing for putrid sores, where a disinfectant is at the same time desirable, the Emulsion, formed of any required strength by the addition of water, is most readily exhibited, mere agitation producing immediately perfect combination.

Prepared at the Laboratory of WRIGHT, FRANCIS, and CO., Wholesale Druggists, 11, Old Fish-street, London, E.C.; and may be obtained through any Chemist.—(Name and Label entered at Stationers' Hall.)